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Dear Readers:

We are pleased to present to you this document, The Use of Family Support in Children's Aid Societies: an Exploratory Study. This is the second report of our study of family support which was begun early in 1983.

In the fall of 1983 we distributed the report of the first phase of this study, The Nature and Effectiveness of Family Support Measures in Child Welfare, which established what we mean by "family support" and the many ways it may be provided.

The second phase of the study involved research which explored how a selected sample of children's aid societies in Ontario are using the family support approach to service, including [illegible] conditions under which different kinds of family support seem to be more or less effective. This report of the second phase provides some important insights into the use of family support by means of the traditional case approach and through family support programs. The findings bring attention to the need to establish well defined service goals and approaches closely attuned to client needs. The study also opens up a broad range of possibilities for program design and provides some useful guides for assessing effectiveness. We will be studying the recommendations of the research team and looking at ways in which this Ministry can continue to support the efforts of service providers to develop and refine their family support services.

Additional copies of this research report are available through the Ministry and will be of particular interest to those who are planning or are already involved with family support programs, as well as to persons interested in the detailed research methodology. We are planning to publish a third family support document which will incorporate the major research findings and place them in the context of the concepts discussed in the initial state-of-the-art report. This combined document will be of more general interest and will be distributed widely. In addition, beginning in the fall of 1985 we plan to convene regional workshops in which service providers and Ministry personnel will have the opportunity to discuss approaches to family support with the research team.

Finally, I want to thank the children's aid societies which participated in this study, and those many individuals who contributed considerable amounts of time to make this study possible. I also commend the research team for a job well done.

Yours truly,

John Burkus

John Burkus
Assistant Deputy Minister

THE USE OF FAMILY SUPPORT IN CHILDREN'S AID SOCIETIES: AN EXPLORATORY STUDY

prepared for
The Ministry of Community and Social Services,
Toronto, Ontario

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We would like to acknowledge a tremendous debt to the workers and administrators in the 16 agencies we visited while collecting our data. Despite considerable demands on their time, mixups in scheduling and other predictable frustrations, agency personnel were remarkably accommodating. Hopefully, our findings contain enough that is valuable and interesting to repay their generosity, at least in part.

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CHAPTER 1

INTRODUCTION AND PURPOSES

1.1 BACKGROUND OF THE STUDY

In the summer of 1982 the Ministry of Community and Social Services commissioned a study of family support systems and services within Ontario's children's aid societies. The terms of reference developed at that time note that the Ministry was philosophically committed to the position that families receiving protection services should be kept intact through provision of appropriate supports whenever possible, with placement of children in alternative care being used only when necessary. The terms of reference also indicate a perception that this philosophy was being enacted to different degrees and in different ways within the various children's aid societies (CAS). They go on to note that "no assistance in the form of research or practice guidelines has been undertaken to further the implementation of this approach".

With the need for research support to agency personnel in mind, the proposed study originally was to pursue the following objectives:

- "to identify those services and support systems currently being used with protection cases, how services have been matched with cases, and the status of cases over time"
- "to identify similarities and differences in the characteristics of protection cases admitted to CAS care and cases receiving supportive services only"
- "to obtain from parents and protection workers their perceptions of the utility of family support services that were used or considered"
- "to document the support services and resources used in other jurisdictions and to review and integrate evidence on the effectiveness of these services".

Work on the study began in earnest in the fall of 1982 and proceeded through two stages: (1) a literature review and design phase, producing a "state of the art" report titled The Nature and Effectiveness of Family Support Measures in Child Welfare (1983), and (2) an implementation phase, for which the present report is the major product.

On the whole, the objectives outlined above were retained and have been met. One exception to this is that our deliberations during the design phase led to the judgement that parent interviews, though highly desirable, would not be feasible given the usual limits to the resources available to the project. To acquire a reasonably representative picture of activity within a system as complex as the Ontario CAS's, a large sample is necessary, and had we continued with the objective of gathering parents' perceptions as well as workers', the necessary reduction in the number of cases sampled would have been unacceptable.

1.2 BASIC CONCEPTS AND PRIOR RESEARCH

The material in subsequent chapters of this report will be more understandable if the reader has some familiarity with the researchers' general orientation to the field, definitions of basic concepts, and conclusions based on prior research. What follows is an attempt to provide a brief review of the foundations on which the research stands, which is essentially a precis of our "state of the art" report. No attempt will be made to provide depth or detail; anyone interested in a more developed exploration of particular points is referred to the earlier document.

1.2.1 Definition of Family Support

People have access to social support to the extent that they have available people in their lives who can help them cope successfully, dealing with stress and getting their needs met. The availability of such help is a social resource; the actual provision of such help constitutes social support. Family support is simply social support which serves (or is intended to serve) to maintain the integrity of a family or enhance its competence.

1.2.2 Sources of Support

The social arrangements (structures) that are required to make social support possible can be partly understood in terms of social networks - the actual and potential linkages that connect people to possible sources of social support.

The sources of support to which people may be linked are numerous, and have been categorized in many different ways. For the purposes of this study, we were interested in distinguishing formal from informal sources of support. Formal supports are provided by organizations whose explicit function is to provide services of various kinds, while informal supports are provided by "natural helpers" (e.g. family, friends, colleagues) who have assumed a position of importance in the person's life without having been formally assigned helping responsibilities. Major formal sources of support singled out for our study of children's aid society clients were:

- the child protection worker,
- other professional helpers,
- practical service workers,
- volunteers.

Major informal sources of support selected for study were:

- nuclear and extended families,
- friends and peers,
- neighbours, other community members.

1.2.3 Types of Support

Based in part on other researchers' efforts, in part on *a priori* considerations, we also chose to employ categories which differentiate types of social support:

1. *concrete support* refers to the provision of material aid in some form
2. *educational support* refers to the provision of opportunities to learn information or skills required to cope more effectively
3. *social integration support* refers to efforts to expand or improve linkages to social resources
4. *emotional support* indicates efforts to provide for emotional needs such as enhanced self-esteem, resolution of conflicts, etc.
5. *advocacy support* denotes efforts to influence potential sources of support on a client's behalf, in order to make them more accessible or appropriate to that person's needs.

1.2.4 Target Populations

Protection clients are obviously not a homogeneous group of people, and it seems a safe assumption to suggest that appropriate applications of the family support philosophy will vary markedly with the client served. Our review of the literature and consultation with experts in the field suggested our study should recognize possible differences represented by these different client groups:

- families with adolescents
- young single parents (usually mothers)
- native Canadians
- other ethnic minorities, including recent immigrant groups
- rural families.

Clearly, these groups are not mutually exclusive. We would also emphasize that singling out such groups for special attention is not an attempt to define them as being particularly prone to parenting problems; it implies nothing more than that when parenting problems do arise within such groups they may tend to take different forms, signal different kinds of support needs and present different service requirements.

1.2.5 Current Evidence Respecting Formal Programs

In order to capitalize on a growing body of experience and empirical work respecting formal family support programming a thorough review of available information about such programs was conducted. A good deal of experimentation with family support programming has occurred in recent years; the number of programs that has been written about and researched is large and there is considerable variation in program types, focuses, clientele, settings, size, etc. as well as in the quality of research being reported. Given such an inherently confusing situation, conclusive evidence for particular program effects with different client types under various circumstances was scarcely to be expected. However, our review of the literature suggested some preliminary, tentative conclusions about formal support programs and their impacts:

- Family support interventions can be applied to a broad range of families where there is risk of child maltreatment. At the present time, available information does not offer clear indications as to which types of families are likely or unlikely to benefit from support services.
- There is evidence for the desirability of support services which are intensive, and which offer a mix of types of support (emotional, concrete, educational, etc.)
- While demonstration projects have documented cost advantages for family support programs over placement programs, the potential for cost cutting by incorporating family support programs into general CAS operations cannot be estimated at this time.
- Traditional child welfare services appear to

be quite relevant as a source of family support, and should not be seen as activities that are incompatible with family support principles.

- Informal supports are very likely an important aspect of child maltreatment, but the use of such supports in efforts to help maltreating families is a relatively unexplored area.
- With native Indian families there is evidence supporting the utilization of family and community structures and ways of helping that are indigenous to their cultures.
- For cultural minorities generally, indications are that success is enhanced by using 'ethnic' service agencies, ethnic community institutions, community based service delivery, and culturally compatible aides and professional staff.

1.2.6 Casework Method and Family Support

Family support work is distinguished by an emphasis on providing whatever resources are needed to maintain or enhance the integrity of the family. Given this general purpose, the range of actual techniques that may be employed is broad, and we were not looking for the application of any unique casework strategy with the clients studied in this research. However, research and other published reports describing casework with child welfare populations do offer support for a general approach that is structured. The word "structured" connotes casework which is problem-focused, goal-oriented, often time-limited in nature and which is based, if possible, on a contractual relationship between the worker, agency and client family.

The literature on the outcomes of interpersonal helping generally, as well as that dealing specifically with child welfare issues, suggests that several factors may contribute to positive outcomes for clients, including:

1. a focus on the family unit rather than on parents and children individually or in segregated groups
2. provision of a wide range rather than a

restricted range of supports, including utilization of natural, informal supports

3. high worker proactivity, or intensive involvement, especially early in the helping process or at crisis points

4. a positive relationship, which may include clear use of authority but which is experienced by the client as essentially supportive and nonpunitive

5. an assessment that addresses a family's competence and resources as well as stresses any dysfunction

6. development of a contract or contracts with the family which operationalize plans to develop competence, ameliorate stresses and/or access appropriate resources

7. periodic evaluation of progress at both the worker-family level and the worker-supervisor level.

The implementation of these factors will necessarily vary from case to case and therefore cannot be described in fine detail in the abstract. Some of the more common specifics associated with each have been identified in the child welfare literature however, and these are summarized in chapter five of our "state of the art" report.

1.2.7 Conclusion

It is a commonplace that questions about the impact of social services should not be too simply put. To paraphrase a popular observation from the literature on psychotherapeutic outcomes, the question "Do family support services prevent maltreatment?" is less useful than "What sorts of family support service provide what kinds of positive impacts for which types of families, under what circumstances?" Our purposes in the present study were to be able to describe how family support principles are being implemented within the Ontario children's aid societies, to document perceptions of workers and others as to the effectiveness of various efforts and to shed what light we could on the validity of those perceptions. The task was clearly a complex one; the terrain to be explored was difficult and largely uncharted. While the knowledge gained in preparing the state of the art report often represented an educated "best guess" rather than established fact, it at least enabled us to pursue our research goals with a reasonable sense of direction.

CHAPTER 2

METHOD

2.1 GENERAL CONSIDERATIONS

The terms of reference under which this research was initiated, and the level of knowledge about family support which we discovered during preparation of our 'State of the Art' report combined to influence a number of basic decisions respecting research design and methods. In terms of general approach, this was obviously not to be research which had as its primary purpose to prove or disprove specific hypotheses about the effects of family support programs. Rather, our terms of reference and our assessment of current levels of knowledge about the area suggested that it would be more appropriate to gather a broad range of data which would allow us to describe family support activities within Ontario's child welfare system and to document workers' perceptions as to the effectiveness of various activities in furthering certain outcomes, hopefully generating a number of hypotheses that, put to a test, would tell what sorts of variables contribute to different kinds of outcomes under varying circumstances. Thus, we proceeded on the premise that our responsibility was to provide information, to clarify questions for more focused research to follow, and to present a broad picture of the work that is being done in Ontario, rather than to pursue more narrowly defined questions at a high level of methodological rigour. In short, we opted for an exploratory study rather than a test of predetermined hypotheses.

Another basic decision had to do with our selection of a primary data source. The possible choices considered were: agency files and records, the CAS frontline workers, or the client families themselves. One of the inevitable compromises that is required in social science research came into play around this decision; as is often the case, the data source that could be retrieved most efficiently and economically, agency records, was likely to yield the least reliable and valid information. On the other hand, the highest quality information would probably be generated by interviewing and observing both workers and client families, a process which would have required that we either drastically reduce the size of our sample, or that we stretch the resources available to the study beyond tolerable limits.

Our compromise solution to this particular dilemma was to use frontline workers as our primary data source. The rationale for this was that the workers would be reasonably accessible once the cooperation of the agencies had been obtained, and that they would be in possession of more information and qualitatively superior information than could be obtained by reviewing files. A problem, of course, is that it is difficult to know how much confidence to invest in workers' judgements or perceptions respecting what is happening in their clients' lives. This is a validity issue on which there are opposing points of view and somewhat conflicting evidence. However, the terms of reference spell out as a major purpose of this study that we should learn about the situation as workers perceive it, so the decision to rely heavily on workers is clearly consistent with this basic purpose. Also, we argued that we could examine workers' responses for consistency of patterns internally, as well as for their compatibility with what is generally known from other research.

A final choice to be made was between personal interviews, telephone interviews, or a mailed questionnaire as the main data collection device. In this case, we opted for a lengthy in-depth interview, combining structured and semi-structured elements. Given the breadth and complexity of the kind of information we needed to collect, this approach seemed the only feasible one.

2.2 SAMPLING

Readers with a general understanding of the child welfare system in Ontario will readily appreciate the difficulties associated with drawing an adequate sample for the type of study that was conducted. There are 51 children's aid societies within the system, ranging in size from the very small (six or seven workers) to the very large (Metro Toronto CAS prides itself on being one of the largest Child Welfare agencies on the continent). Geographically, the regions served show striking variation on such dimensions as population density, economic base, cultural mix, climate, availability of resources, different performance on rough indicators such as a recent decline in the number of children taken into care. We also considered that it was important to include in our sample cases that were receiving high quality family support services via special programs. Special programs are those which meet criteria generally believed to be determinants of success, and which also serve specific populations which are of interest (such as adolescents).

Obviously, given our need to be sure that certain geographical areas, client types, types of agencies and programs were sufficiently well represented in our sample, a simple random sample of the size required would have been impractical. While we wanted a sample that was large and varied enough that our findings would be of general interest, we also had to concede that agencies and regions differ in so many important ways that a truly representative sample was an impossibility.

The sampling approach which we adopted employed mixed strategies, and comprised the following steps:

1. Agencies were selected purposively in order to include an adequate sample of cases from metropolitan, urban, rural and northern areas. We tried to ensure that there was variation among agencies sampled on indicators such as care statistics and agency size. Also, some agencies were chosen because of their commitment to family support programming. Eventually 17 out of the 51 Ontario CAS were included in the study.

2. From a list of staff for each agency, child protection workers were selected randomly to be interviewed. In smaller agencies, most or all of the agency's child protection workers would be interviewed. In some agencies, in order to equitably distribute the work load, a random sampling procedure stratified by work unit or office was used. In a few agencies, it was necessary to select some workers who had referred cases to the family support program under review in order to increase the size of the program sample.

3. Eight family support programs (focal programs) were purposively selected for review based upon several criteria: they worked with a major client subgrouping, they were of adequate size, they represented major program options within child welfare.

4. Each worker brought a current case list to the interview and from this, cases were sampled in one of two ways. If the worker had one or more focal program cases, one or more would be chosen, randomly if necessary. Then additional regular protection cases were selected randomly. Normally, each worker provided us with information respecting three cases. In all, 203 workers were interviewed respecting a total of 547 cases.

A list of agencies visited is found in Appendix I. From this, it can be seen that data were gathered in a number of different settings. Thus, while it must be borne in mind that our sample is not technically a representative one, we feel that we studied a broad enough cross-section of the provincial caseloads that our findings should be of general interest.

A major sampling deficiency in this study was that we were unsuccessful in our attempt to include adequate numbers of Native Indian families. A second gap is that no agencies from metropolitan Toronto were included in the study. A third potential source of bias is the inclusion of focal program cases in the sample, although we were able to control for variance due to this factor when it was prudent to do so.

2.3 INSTRUMENTATION

2.3.1 Case Review Interview Schedule

The primary instrument used for data collection in this research was our case review interview schedule (Appendix II, pp. 295-316). The questions of the interview were developed from a list of research questions and important variables which, in turn, had been based on material compiled during preparation of the "State of the Art" report. An initial version of this questionnaire was pretested with a small number of interviewees, either child welfare workers or social work students with child welfare experience. Based on our own assessment of these interviews and on feedback from our subjects, considerable modifications of the original instrument were undertaken. The revised version was pretested in two agencies (one Northern, one Urban) in interviews with 23 workers, reviewing 54 cases. Based on this experience, rather extensive revisions of the instrument were made again, although they fortunately did not require exclusion of the cases reviewed in the pretest from our data set.

The instrument in its final form comprises a mix of closed and open-ended questions. Because of the exploratory nature of the study, it was felt that a good many questions had to be asked in such a way that there would be an opportunity for the interviewer to probe for information beyond what could be learned from closed-ended questions alone. Most of the open-ended responses were subsequently content analyzed so that these data could be included in our quantitative analysis.

An interview schedule which allows for a certain amount of probing on the part of the interviewer obviously risks problems with reliability. Major sections of the instrument were assessed for problems of this sort by comparing results obtained by the three interviewers for cases drawn from the agencies where they were all involved in the data collection process. Some areas of the questionnaire proved problematic in this respect, including the section on presenting problems, and information that was selected in an open-ended format respecting the supports and treatment goals. Consequently, care had to be exercised in our data analysis to control for the possible effects of interviewer differences when such variables were under consideration.

Questions of validity are always difficult to answer with confidence in survey research such as this where we had to develop our own questions to elicit the information required rather than being able to rely on standardized instruments. One way to assess validity is to assess whether the general pattern of responses to our questions and observed relationships between variables or sets of variables are consistent with what one would logically expect and with findings from other studies. It is our belief that the presence of a number of clear patterns which make good intuitive sense, which relate to one another in readily explainable ways and which are consistent with what was previously known is good evidence for the face validity of the interview. In addition, workers were asked to rate change for each case on the basis of a standard checklist of insufficiencies and on the basis of verbal ratings of the accomplishment of care objectives in each case. There was general agreement in the sample across these two different types of ratings. Also, taking advantage of a fortuitous opportunity, child protection workers and focal program workers were asked to rate positive change on the insufficiencies checklist for the same sample of family support program cases. There was close correspondence between the ratings by each group for each of the problem indices used in this study. While not conclusive, these convergent results provide additional evidence of the usefulness of these measurements.

2.3.2 The Follow-up Questionnaire

Approximately six months after the interviews were completed, each worker received a brief questionnaire for each case requesting follow-up information on that family (see Appendix III, pp. 317-320). The questions are all closed-ended and closely parallel questions from several sections of the case review interview schedule.

2.3.3 Content Analysis Code Book

In order to use information from open-ended responses in our quantitative analysis, information from a number of sections of the interview schedule was subjected to content analysis (see Appendix IV, pp. 321-334). These were developed by reviewing a sample of the case review interviews, to determine the categories needed to describe information that had been recorded in an open-ended way. The categories thus developed were applied to additional cases by two raters, and revised accordingly. Subsequently, the same two raters coded information from a sample of cases and their codings were checked for reliability by calculating the percent of items on which the codings were in agreement. This process was repeated until the percent agreement for each set of coding categories was in excess of 85 percent.

2.3.4 Miscellaneous Instruments

In addition to the case reviews, we attempted to obtain information about general agency policies and practices for each CAS that was visited. This was done by reviewing the agencies' service plans and by interviewing groups of agency managers. For each family support program included in the study, in addition to reviewing a sample of program cases, open-ended semi-structured interviews were conducted with a number of program informants and, sometimes, group interviews were held with program personnel. In addition, available program documentation was consulted and program administrators were asked to supply certain factual descriptive information about the program. The questions that guided our interviews with agency and program key informants are included as appendices V to VII, pp. 335-344.

2.4 DATA COLLECTION PROCEDURES

Over a six month period the research team, three in number, visited children's aid societies. Workers were interviewed for between two to four hours, normally providing us with information on three different cases. The review of an average case would take between 45 minutes and an hour; some were shorter, while others were considerably longer than this. Despite the fact that we were making heavy demands on workers' time, agency management and frontline workers were exceedingly generous with their time and assistance.

As has been indicated, in addition to interviews with workers, various members of the research team met with groups of agency management personnel and with focal program staff. Information elicited during these interviews was simply recorded in writing, so that it could later be dealt with in a qualitative way.

The follow-up questionnaires alluded to above were distributed to one staff person within each agency who, in turn, forwarded them to the appropriate workers, collected them when they had been completed, and returned them to us. Our return rate for these questionnaires was in excess of 90 percent.

2.5 LIMITATIONS AND STRENGTHS OF THE STUDY

Most of the limitations that derived from the design and methodological choices made for this study have already been touched upon. First, our results must be read in light of the fact that we recorded workers' perceptions of the cases reviewed. While that was our purpose and mandate, and while we consider such information to be relevant, we cannot know to what extent these perceptions would concur with client perceptions or with objective measures of client circumstances.

A second limitation noted is that our sample is not statistically representative of the entire child welfare client population in Ontario. This is so because agencies and cases were chosen in part purposively, in order to assure adequate representation of certain sub-populations, such as clients in rural areas, or clients being served by focal programs. Thus, while we feel that the sample was broadly based enough to provide information that is generally applicable, it would be a mistake to attempt to make generalizations about the total population of protection clients.

Another limitation has to do with the broad scope and exploratory nature of the study. A consequence of this is that many specific questions cannot be explored in as much depth as they would have been had this been a more narrowly focused study. Also, information produced in studies of this sort is necessarily treated as comprising initial ideas rather than final answers. In many areas, the study can be considered successful if useful hypotheses have been identified or clarified rather than finally resolved.

Generally, the potential strengths of the study stand as a corollary to the limitations noted. Given that knowledge development in the area of family supports with protection clients is still in an initial exploratory stage, it can easily be argued that workers' perceptions of how such services are being implemented and what their possible impacts might be is worthwhile information to pursue at this point in time. Secondly, although our sample was not representative, the sampling procedures employed were reasonably successful at producing adequate numbers of cases within each of the sub-populations of clients which we had come to see as important during the preparation of the "State of the Art" report. Finally, although a study such as the one we conducted could not be expected to provide final answers to specific hypotheses, it can perform the equally valid function of clarifying questions, identifying relevant variables, and generating tentative information about areas which were previously relatively uncharted. If such information cannot be regarded as final, it may at least be valued as an improvement over what existed before the study was conducted.

2.6 DATA ANALYSIS PLAN

Analysis of the data collected was conducted in roughly three stages. First, a descriptive analysis of the appropriate variables was undertaken for the total sample as well as by subgroupings within the sample. An extension of our descriptive analysis was the use of factor analysis and non-parametric clustering techniques to develop indices which could be useful for a preliminary description of client problem profiles as well as providing rough change indicators.

A second phase of our data analysis was to use information about the various indicators of family support in an effort to discover which seemed to be associated with perceived outcomes. A variety of outcomes could be used as dependent variables in this analysis, including whether or not children from the family had required alternate care, the total amount of care provided, as well as change scores for the various indices that were developed in the cluster analysis referred to above. For reasons that do not require elaboration at this point, the potential influence of a range of possible intervening variables had to be statistically controlled for throughout any effort to determine associations between services and outcomes.

Finally each analysis indicated above was conducted in a more focused fashion, with specific reference to each of the eight focal programs selected for study.

In the main, the statistics employed included frequency distributions, cross - tabulation and analysis of variance. In our search for relationships between support services and outcomes, we did explore the utility of various multivariate statistics, including multiple regression and discriminant analysis. However, these proved inappropriate for the data we had obtained, and we decided that it was safest to be conservative in our choice of statistical tests rather than generating results that could not be interpreted with confidence.

Throughout our analysis, statistical tests were used in an exploratory fashion only. Given the sampling issues noted earlier, no effort to generalize our findings beyond the sample should be read into the presentation of findings in the chapter that follows.

CHAPTER 3

DESCRIPTIVE RESULTS

3.1 DESCRIPTION OF THE SAMPLE

Following the sampling procedure outlined in the previous chapter, the research team interviewed 203 workers in the different agencies (see Appendix II), gathering information about 547 cases in all. Of these, 371 were selected randomly from the workers' protection caseloads (regular cases), while 176 were chosen because of their participation in the formal programs that had been selected for study (program cases).

When time constraints made it necessary to do so, data were gathered using an abbreviated interview or questionnaire format. This was finally necessary in 24 regular cases and 28 program cases. Thus, for some variables, the results reported will be based on somewhat fewer cases than the full sample.

3.1.1 Demographic Characteristics of the Clients

Table 3.1 indicates the distribution of clients sampled across geographic areas and types of communities.

Table 3.1
Location of Clients Interviewed

Area			Community size		
Southern Urban	61%	(313)	100,000 or more	43%	(218)
			10,000 - 99,999	27%	(134)
Southern Rural	16%	(79)	under 10,000	18%	(90)
			farm/rural	11%	(53)
Northern	20%	(102)	other (eg. reservation)	2%	(10)

The preponderance of southern urban clients is scarcely surprising given the distribution of Ontario's general population; a number of agencies had to be selected specifically to assure a sufficient number of nonurban cases in the sample. In this we succeeded, but our sample still included very few cases where lack of access to services due to physical isolation is likely to be an issue.

Table 3.2 presents the ethnic and linguistic distribution of the sample.

Table 3.2
Ethnic and Linguistic Distribution

Main Language Spoken			Ethnic Identification		
English	86%	(432)	English/Canadian	75%	(381)
French	11%	(54)	French/Canadian	13%	(64)
Other	3%	(17)	Native Indian	5%	(24)
			Other	7%	(35)

The homogeneity of the sample with respect to language and ethnicity was somewhat unexpected and unfortunate, since cross-cultural issues were one factor of interest.

Table 3.3 describes the number of parents and adults in the families studied, as well as the adults' relationship to the children.

Table 3.3
Number of Parents & Adults and their Relationship to Children

# of Parents			# of Adults			Relationship to Children		
one	52%	(262)	one	36%	(181)	Biological parent(s) only	72%	(361)
two	44%	(222)	two	45%	(224)	Stepparent/ common law	22%	(110)
other	4%	(21)	other	19%	(95)	Adoptive	3%	(16)
						Other	4%	(18)

Single parent families are the majority, but only barely so, and it is noteworthy that most families contain at least two adults. In the great majority of cases the parent-child relationship is exclusively biological.

The modal number of children in the families studied is two, which is the case for 35% (177) of the sample. Large families were scarcely the norm - 91% (461) had four children or less living in the home.

Table 3.4 indicates the proportion of families with a given number of children within different age categories. It also indicates the proportion of families with a given number of children perceived (by the worker) to be at risk within the same age groups.

Table 3.4
Distribution of Families by Number of Children (and number at risk) Within Age Categories

	In Family	At Risk
1 infant	22% (113)	15% (77)
2 infants	.5% (3)	.2% (1)
1 preschooler	27% (137)	24% (119)
2 preschoolers	11% (55)	7% (37)
3 preschoolers	2% (9)	1% (6)
1 preadolescent	26% (133)	21% (106)
2 preadolescents	18% (89)	9% (46)
3 preadolescents	5% (24)	3% (13)
4 preadolescents	2% (8)	.6% (3)
1 adolescent	23% (114)	30% (150)
2 adolescents	11% (57)	4% (20)
3 adolescents	4% (21)	1.4% (7)
4 adolescents	1% (5)	.2% (1)

It is noted that over a third of the sample had one or more teens-at-risk. Families with infants-at-risk were the smallest subgroup within our sample.

Finally, it is noted that the parents in our sample were not as young as may have been expected. The average mother was about 31 years of age (s.d.= 9.4), the average father about 36 years old (s.d.= 9.9).

To the extent that our sample is representative, it does indicate that various public stereotypes of CAS clients are incomplete. The young, perhaps isolated single parent may be an important subgroup, but they are no more 'typical' of the families sampled than older two-parent families with problem teens. Our expectation that the client population would be a heterogeneous one was borne out by such variations within the sample.

3.2 WORKER CHARACTERISTICS

3.2.1 Training

Most of the client families sampled had workers with B.S.W. degrees (28%, N=132), followed by community college graduates (23%, N=115). About 18% of cases were being served by workers with M.S.W. (N=87) or B.A. degrees (N=89). In all 46% of cases had workers with professional social work training (i.e. a B.S.W. or M.S.W. degree).

Table 3.5
Proportion of Cases with Workers from Different Education Backgrounds by Region

	Metro	Urban	Rural	North	Total Sample
CC	15% (15)	18% (36)	13% (9)	54% (54)	24% (114)
BA	20% (21)	17% (33)	24% (17)	18% (18)	19% (89)
BSW	37% (38)	30% (59)	20% (14)	21% (21)	28% (132)
MSW	15% (15)	30% (60)	11% (8)	4% (4)	18% (87)
OTHER	14% (14)	6% (12)	32% (23)	4% (4)	11% (53)
	100% (103)	100% (200)	100% (71)	100% (101)	(475)

$x^2 = 123.3, p<.0001$

As table 3.5 indicates, worker education varies significantly by region, with Northern and Rural clients being more frequently served by community college graduates while proportionately more clients from urban areas were served by workers with BSW or MSW degrees.

3.2.2 Experience

The average case in our sample was being served by a worker with somewhat more than seven years of experience in the social services, indicating a more established work force than we had been led to expect.

As can be seen in table 3.6, the experience of clients' workers varies significantly by region, with rural clients receiving services from more experienced workers while clients in the north, on the average, are served by the least experienced.

Table 3.6
Average Years of Experience in Social Services of Clients' Workers by Region

	Mean	S.d.
Metro	7.97	5.54
Urban	7.32	6.88
Rural	9.96	6.15
North	5.9	5.78

(F=3.98, p<.05)

There was also considerable variance by agency with respect to the experience of workers serving clients, ranging from less than five years (in London and Durham) to more than 11 years (in Grey, Kitchener-Waterloo and Lanark). The reasons for such difference are not something we can ascertain from our data, but it is worth noting that clients in different areas of the province are served by workers with quite different types of training and levels of experience.

Tangentially, we would also note that the focal program cases - those sampled because of their participation in programs we had elected to study - were served by less experienced workers than regular cases ($\tilde{x}=8.1$ years and $\tilde{x}=6.5$ years respectively). This pattern was true for almost all agencies with focal programs. While it should not be interpreted except very tentatively, it may point to a hypothesis that formal support programs are used more often by younger, less established workers.

We also asked workers about the size of their caseloads, a variable that clearly affects services to clients. Again, there was considerable variation between agencies (F=13.5, p<.01). The overall mean was 25.2 cases, with the average within some agencies being well under 20 cases (Oshawa and Prince Edward), while in other agencies the average was close to 30 cases (Ottawa, Norfolk) or even in excess of 30 cases (Temiskaming). Again, this is simply noted as evidence that the quality of service available to clients probably varies as a function of the family's location.

3.3 CLIENT PROBLEM PROFILES

3.3.1 Presenting Problems

Different areas of the interview were designed to elicit workers' perceptions of client problems. First, they were asked to indicate the presenting problems that were of concern at the most recent case opening (Appendix II, pp. 295-314). Most of the presenting problems listed in Table 3.7 below were identified by the worker from a list of possibilities we had drawn up ahead of time; some emerged frequently in response to our open-ended request for "other" problems, and these were coded when the content analysis of open-ended questions was conducted. The percentages indicated total more than 100% because multiple items could be checked in a given case.

Table 3.7
Frequency of Most Commonly Identified Presenting Problems (rank ordered)

Neglect	42%	(211)
Child delinquency	40%	(203)
Physical abuse	34%	(173)
Emotional rejection	32%	(162)
Marital discord	26%	(131)
Delinquent parent	20%	(101)
Sexual abuse	10%	(50)
Failure to provide medical care	9%	(44)
Concrete material needs	8%	(42)

The most common parenting problems, physical abuse and neglect, are reported in between 1/3 and 1/2 of the cases in our sample, with the most common child problem (antisocial behaviour) being reported in a comparable number of cases. Relationship difficulties, including emotional rejection of the child(ren) or problems between adult partners are also relatively frequently apparent at case opening. Sexual abuse, which has attracted much popular attention of late, was reported in less than one case in ten, and in even fewer cases did the workers mention concrete material needs as a presenting problem. The low frequency items are, of course, difficult to interpret since they could reflect a lack of knowledge of the case on the part of the worker. Statistics on the prevalence of sexual abuse, for example, are very sensitive to methods of detection and reporting. What these data do tell us is that the kinds of problems to which workers see themselves responding are, in the main, parenting deficits, child management difficulties and relationship problems. We also note that the presenting problems refer to aspects of the situation at case opening that represented some kind of risk to children in the family. This would exclude a number of associated problems which did not represent a direct risk. For example, concrete needs are more frequently part of the family's problem profile than these data alone would indicate.

3.3.1.1 Presenting Problems: Variance Within the Sample

For the most commonly identified presenting problems, there are statistically significant correlates that are interesting:

1. Sexual abuse is reported more frequently in families containing teens-at-risk ($x^2 = 9.63, p < .002$)
2. Sexual abuse is reported more frequently in families where children have been in care ($x^2 = 4.14, p < .05$)
3. Neglect is less frequently reported in families with teens-at-risk ($x^2 = 34.58, p < .0001$)
4. Neglect is more frequently reported in families with a young mother ($x^2 = 35.89, p < .0001$)
5. Neglect is more frequently reported in families with a single parent ($x^2 = 10.06, p < .002$)
6. Emotional rejection is reported more frequently in metropolitan and urban areas than in the north or rural south ($x^2 = 31.89, p < .0001$)
7. Predictably, failure to provide medical care is associated strongly with younger families - those with young mothers and with no teens-at-risk ($x^2 = 24.89, p < .0001$; $x^2 = 16.18, p < .0002$)
8. Delinquent behaviour on the part of the parent is reported more frequently in metropolitan urban areas than would be expected by chance, and less frequently in the North ($x^2 = 8.53, p < .05$). It is less frequently reported in families with a teen-at-risk ($x^2 = 5.82, p < .02$), and more frequently reported for cases where children have been in care ($x^2 = 10.9, p < .001$).
9. Reported delinquency on the part of the child is, predictably, more frequent in families with teens-at-risk ($x^2 = 114.19, p < .0001$) and less frequent in the families of younger mothers ($x^2 = 81.29, p < .0001$).

3.3.1.2 Additional Variables Related to Case Opening

In conjunction with questions about presenting problems, we requested additional information about how these problems came to light. We did not expect to find that, as table 3.8 indicates, the most frequent source of referral was the parents themselves. The relative importance of the medical community (which includes public health personnel) is also of interest.

Table 3.8
Frequency with which Referral Sources were Mentioned

Parents	33%	(160)
Medical	20%	(95)
Neighbours, Community	16%	(79)
School	11%	(54)
Police	8%	(40)
Probation	4%	(20)
Child	4%	(19)
Other	15%	(72)

Statistically breaking down referral source by variables such as region, age of mother or focal program vs. regular cases does not affect the above pattern in any striking way. The only such relationship of note is that families where the referral comes from the child (or probation) are almost exclusively families with a teenager-at-risk

3.3.2 Checklist of Client Strengths and Insufficiencies

Our review of the literature and discussions with various informants in the field suggested a number of neighbourhood, economic, familial and personal insufficiencies or strengths that are potentially important for assessing family support needs.

These 50 items were presented to the workers as a checklist (Appendix II, pp. 295-314) on which they could indicate which were applicable to the case when it was opened and at the time of the interview. The items were organized within six categories for a priori reasons: economic insufficiencies, neighbourhood insufficiencies, parenting insufficiencies, family strengths, parent dysfunctions, and child dysfunctions.

Table 3.9 (pp. 29-30) presents frequencies for each of the 50 items. For the economic insufficiencies, it is noteworthy that a lack of money for basic necessities was perceived as an issue for almost half the families. Our expectation that a degree of poverty would be a common stressor in the lives of these families receives support from such data.

For the neighbourhood insufficiencies, residence in low income areas and in neighbourhoods with high incidence of rental housing were checked in about half the cases. Again, this probably is an indicator of how common limited financial resources are for the clients sampled; such items may also characterize neighbourhoods where the amount of social support available is limited.

It is also noteworthy that 'negative' social support in the form of access or exposure to antisocial behaviour is perceived as a feature of clients' neighbourhoods in a full 50% (248) of cases.

With respect to parenting, the frequencies in table 3.9 indicate widespread serious problems with parent-child relationships, lack of pleasure in child, lack of positive interaction, overuse of negative reinforcement and poor ability to set limits, unrealistic expectations and an inability to relate to the child as an individual person worthy of respect -- all these are perceived by workers as being appropriate for describing the cases studied with frequencies approaching or exceeding 50%. Given the level of intrafamilial stress, it is understandable that over a third of families had expressed a desire to have their children removed at some point.

With respect to parental functioning outside the parent role, the large proportion of cases with

Table 3.9

Frequencies for Checklist Items Regarding Client Problems and Resources

Economic Insufficiencies

Inadequate money for food/clothing/utilities	49% (245)
Unable to regularly meet financial obligations (rent)	40% (200)
Inadequate housing facilities (no running water, no privacy)	25% (125)
Housing poses dangers to health & safety	18% (90)

Neighbourhood Insufficiencies

Low income neighbourhood	55% (275)
High incidence of rental accommodation	47% (236)
High incidence of boarding housing	10% (48)
High incidence of residential instability,families move often	38% (191)
Physical isolation (distance) from other families	19% (97)
Difficulty accessing services (schools, medical care, shopping, transportation)	21% (108)
Inadequate access to temporary relief from child care responsibilities	36% (180)
Inadequate access to play/recreation space	22% (112)
Few other children/youths to play/associate with	24% (121)
Lack of activities for children/youth	39% (192)
Opportunity for exposure to/participation in illegal/ antisocial behaviour	49% (248)

Insufficiencies in Parent(s) Care Giving Skills

Parent(s) have requested child be removed from home	36% (182)
Parent(s) express little evidence of pleasure in child	45% (224)
Few occasions for positive parent-child interaction	55% (275)
Overreliance on negative reinforcement in parents' disciplining of child	54% (269)
Overreliance on extremely harsh punishment as discipline	25% (127)
Poor homemaking skills (child not supervised, fed, clothed, attended to medically)	38% (191)
Parent(s) unable to provide necessary/realistic limits on child	60% (301)
Parent(s) have unrealistic expectations of child given child's age	46% (229)
Inability to relate to child as a person with own needs, feelings, point of view	60% (301)
Parent(s) expect they can do with child what they wish, as a right	26% (132)

Table continues on the following page

Table 3.9 continued

Personal Problems of Parent(s)

Chronic marital discord	51%	(258)
Violent behaviour	36%	(181)
Substance/alcohol abuse	39%	(195)
Criminal behaviour	16%	(83)
Emotional behaviour	44%	(224)
Mental deficiency	17%	(86)
Physical disability	7%	(36)
Physical illness	13%	(68)
Inability to cope with normal everyday tasks	42%	(212)

Personal Problems of Child(ren)

Chronic discord with parents	51%	(258)
Chronic discord with children	27%	(137)
Violent behaviour	22%	(108)
Substance/alcohol abuse	10%	(52)
Criminal/delinquent behaviour	25%	(123)
Truancy	24%	(121)
Other school problems	40%	(199)
Emotional disorder	31%	(158)
Mental deficiency	9%	(46)
Physical disability	4%	(20)
Physical illness	8%	(42)
Developmental delay	25%	(128)

Problem Solving Resources Available to Family

Family recognizes/admits to a problem	83%	(417)
Family has shown ability/desire to accept help in dealing with a problem	81%	(406)
Family has shown ability/desire to work towards constructive change in behaviour	68%	(341)
Evidence of effective role performance in any family member (academic, homemaking or employment)	63%	(318)
Stable membership in household	61%	(309)

perceived chronic marital conflict seems noteworthy, as does the high number where some kind of emotional problem or substance abuse were reported by the workers, as well as a generalized inability to cope. Even violent behaviour on the part of at least one parent was reported in more than a third of cases.

In general, indicators of child dysfunction were reported with less frequency than the items in other categories. In the workers' perception, chronic discord with parents is the most frequent issue, relevant to 51% (258) of the cases. Problems with school are relatively common, and some sort of emotional disorder in a child was seen by workers in almost a third of the cases.

A final category of items asked workers to indicate the presence of certain family strengths. Surprisingly, each of the items used for this category was checked with high frequency. Thus, workers perceived the majority of their clients as being willing to recognize problems, accepting of help, willing to work for change, having demonstrated competence in at least one area of life (evidence of effective role performance) and belonging to a reasonably stable family unit.

What emerges from a descriptive look at frequencies for problems and resources is a mixed impression. The majority of families served are probably low income and suffer to an extent from a lack of economic and social resources. However, the needs they present are by no means exclusively concrete or instrumental, the strongest impression being that they are also presenting a need for help with personal and interpersonal difficulties. Add to this the fact that the clients are most often self-referred and are seen as having some motivation to problem-solve, and the result is a picture somewhat different from certain popular stereotypes. The involuntary, unmotivated, highly incapacitated client who requires supervision rather than help is certainly present on the workers' caseloads, but is less representative of the norm than clients who want help and demonstrate a range of needs. The role of the CAS worker as investigator and law-enforcer does not appear to predominate over the role of counsellor.

3.3.3 Within-Sample Differences Respecting Strenghts and Insufficiencies

Each of the variables comprising the checklist of strengths and insufficiencies was used to compare subgroups within our sample. Several items showed strong significant differences between regions, particularly differentiating the Metro/urban cases from those in the North and rural South. These are summarized in tables 3.10 and 3.11.

Table 3.10
Checklist Variables Recorded with Greater Frequency for Metropolitan and Urban Cases

Item	Statistical values
Low income neighbourhood	$x^2=11.75$, $p<.005$
High incidence of rental accommodation in neighbourhood	$x^2=43.66$, $p<.0001$
Transient neighbourhood	$x^2=15.14$, $p<.001$
Exposure to antisocial behaviour	$x^2=26.42$, $p<.0001$
Poor ability of parents to set limits	$x^2=14.44$, $p<.005$
Discord of child with parents	$x^2=18.09$, $p<.0005$

Table 3.11
Checklist Variables Recorded with Greater Frequency for Rural and Northern Cases

Item	Statistical values
Physical isolation from other families	$x^2=15.93$, $p<.005$
Access to services	$x^2=16.66$, $p<.001$
Access to other children	$x^2=22.36$, $p<.001$
Access to children's activities	$x^2=13.68$, $p<.005$

Generally, the regional differences speak for themselves and do not require interpreting. In nonurban areas, simple access to services is more frequently perceived as an issue, while in urban areas it is the qualitative aspects of available supports that are seen as problematic. The higher incidence of perceived parent-child problems in urban areas was somewhat unexpected. Perhaps the main point, however, is simply that, as predicted, the profile of support needs varies with the social environment of the client; presumably this implies a need for different approaches to providing family support services as well.

Whether or not families contain a teenager-at-risk is another variable which is related to a number of items from the checklist of strengths and insufficiencies. Using a probability of .05 as the criterion, the following items appeared with a statistically significantly higher frequency than would be expected by chance in families where there was at least one teenager-at-risk:

1. parents requested removal of the child
2. lack of pleasure in child expressed by parents
3. lack of positive interaction between parents and child
4. poor limit-setting
5. inability of parents to see the child as an individual
6. parent-child discord
7. discord between child and other children
8. violent behaviour on the part of the child
9. substance abuse on the part of the child
10. delinquency
11. truancy
12. other school problems
13. willingness or ability on the part of the family to recognize their problem(s).

Using the same criterion, there were several items which were significantly less likely to be perceived as applicable to families containing a teenager-at-risk:

1. inadequate finances
2. inability to meet financial obligations
3. inadequate housing,
4. dangerous housing,
5. low income neighbourhood,
6. high incidence of rental accommodation in neighbourhood,
7. high incidence of boarding accommodation in neighbourhood,
8. transient neighbourhood,
9. lack of access to child care,
10. lack of access to recreation,
11. lack of access to other children,
12. poor homemaking,
13. substance abuse on the part of the parent,
14. criminal behaviour on the part of the parent,
15. emotional disorder in the parent,
16. mental deficiency in the parent,
17. general inability to cope on the part of the parent,
18. developmental delay in the child.

Clearly, families with problem teens are perceived by the workers as being very different from families which do not contain teens-at-risk. They are more likely to be seen as having problems located in the child or in the parent-child relationship, and less likely to be seen as suffering from lack of concrete and social resources, or from problems with the parents' emotional or behavioural functioning.

A final major difference to be explored using the checklist items was between families where children had been in care and those where no children had been in care. A good number of items from the list of insufficiencies were checked more frequently than would be predicted by chance for families where children had been taken into care at some point. Using a probability of .05 as the criterion the items in table 3.12 were indicated more frequently for families where alternate care had been used.

Table 3.12

Checklist Items Positively Associated with Families where Children have been in Care

Item	Statistical Values
Problems meeting financial obligations	$x^2 = 7.75$, $p < .006$
High incidence of boarding accommodation in n'hood	$x^2 = 4.31$, $p < .04$
Request for child's removal	$x^2 = 69.18$, $p < .0001$
Lack of expression of pleasure in child	$x^2 = 8.98$, $p < .003$
Lack of positive parent-child interaction	$x^2 = 8.57$, $p < .003$
Overreliance on negative reinforcement	$x^2 = 4.04$, $p < .05$
Poor homemaking	$x^2 = 4.26$, $p < .04$
Poor limit setting	$x^2 = 14.79$, $p < .0002$
Inability to respect child as person	$x^2 = 4.69$, $p < .04$
Tendency to view child as property	$x^2 = 9.89$, $p < .002$
Violent behaviour (parent)	$x^2 = 4.22$, $p < .04$
Substance abuse "	$x^2 = 8.02$, $p < .005$
Criminal behaviour "	$x^2 = 10.37$, $p < .002$
Inability to cope "	$x^2 = 13.14$, $p < .0004$
Child discord with other children	$x^2 = 6.18$, $p < .02$
Violent behaviour (child)	$x^2 = 9.68$, $p < .002$
Substance abuse "	$x^2 = 7.91$, $p < .005$
Delinquency "	$x^2 = 11.11$, $p < .001$
Truancy from school	$x^2 = 4.55$, $p < .04$
Emotional problems (child)	$x^2 = 17.25$, $p < .0001$
Developmental delay	$x^2 = 4.33$, $p < .04$

The impression these items support is not unexpected: the items that are associated most strongly with families where alternate care is employed are items that one would intuitively associate with a serious deficit in parenting, problems in the parent-child relationship, parent dysfunctions and child dysfunctions. Items indicating strengths or motivation, interestingly enough, did not differentiate these two subgroups, perhaps reflecting a general lack of variance as far as these checklist items are concerned.

3.3.4 Indices of Problems and Strengths

For each case, workers were asked to check the problem indicators described above for the time the case was opened, the inital case review and the follow-up review. This procedure allowed the indicators to be used both descriptively and as preliminary indicators of change for these cases.

In order to facilitate data presentation and analysis, statistical grouping techniques were applied to these variables. Factor analysis (oblique and orthogonal rotations) and nonparametric cluster analysis were used on both the ratings at the time of case opening and on the change scores. All of the grouping analyses produced virtually identical clusters of problem indicators. There was a very clear structure to this data set. Chronbach's Alpha was used to check the internal reliability of the measurements on each problem grouping. Those groupings or indices with internal reliabilities of .70 or greater were selected for use in subsequent analysis. In particular, these problem indices were used to evaluate positive change in these cases.

Subsequent verification demonstrated that each problem index discriminated significantly between family support programs reviewed for this study ($p<.0001$ - $p<.02$). The problem indices also differentiated between regions ($p<.11$ - $p<.0001$), between agencies ($p<.007$ - $p<.0001$), between teen and non-teen cases ($p<.01$ - $p<.0001$), between families with younger versus older mothers ($p<.01$ - $p<.0001$) and between two parent and single parent families ($p<.07$ - $p<.0001$). The following problem indices were used in subsequent analyses.

1. Inadequate Parent-Child Relationship Index

V099	have requested removal of child from home
V100*	little evidence of pleasure in child
V101*	few occasions for positive parent child interactions
V102	too much emphasis on negative reinforcement
V103	too much reliance on harsh punishment
V105	unable to provide realistic limits
V106	unrealistic expectations given child's age
V107*	unable to relate to child as a person
V108	expect can do with child as they wish
V118	emotional disorder (parent)
V122	parent unable to cope with everyday tasks
V123	chronic discord with parents (child)
V130	emotional disorder (child)

2. Antisocial/Delinquent Behaviour (Child) Index

V099	have requested removal of child from home
V123	chronic discord with parents (child)
V124	chronic discord with other children (child)
V126*	substance/alcohol abuse (child)
V127*	criminal/delinquent behaviour (child)
V128*	truancy (child)
V129	other school problems (child)

3. Unstable, Low Income Neighbourhood Index

V088*	low income neighbourhood
V089*	large number rental units
V091*	families move often
V098	opportunities for exposure to illegal/antisocial behaviour

4. Client Motivation Index

V109	client recognizes the problem
V110	client accepts help
V111	client desires to work for constructive change

5. Low Service, Low Support Neighbourhood Index

V092*	physical isolation from other families
V093*	difficulty accessing services
V094	inadequate access to temporary relief from child care responsibilities
V095	inadequate access to play/recreation space
V096*	few other children to play with
V097*	lack of activities for children/youth

6. Poor, Low Functioning Parent Index

V084*	inadequate money for necessities
V085*	unable to meet financial obligations regularly
V086*	inadequate housing
V087	dangerous housing
V104	poor homemaking skills
V122	inability to cope with everyday tasks

7. Behavioural/Emotional Problems (Child) Index

V123	chronic discord with parents (child)
V124*	chronic discord with other children (child)
V125	violent behaviour (child)
V129*	other school problems (child)
V130	emotional disorder (child)

* These variables had the highest factor loadings on this factor.

There were other clusters from this grouping analysis that were not selected for use as indices to measure change but nonetheless represent useful groupings in understanding this child welfare population. These clusters included:

- single parents
- adolescents-at-risk
- young mothers/parents
- deficient/disabled child
- deficient/disabled parent
- antisocial/criminal behaviour (parent)
- physical illness
- physical abuse.

3.3.4.1 Descriptive Findings Respecting the Indices

Table 3.13 summarizes the scores for each index across the entire sample. Three scores are presented: average for all cases, the number of cases with a score of "0" on each index, and the average score for all cases excluding those with a score of "0". The latter is included because it describes the subgroup of cases with which a given problem profile or index has some applicability.

Table 3.13
General Scores on Problem Indices

Index	Average all cases	Frequency of cases scoring "0"	Average excluding "0's"
Inadequate parent-child relationship (maximum=13)	$\bar{x}$= 5.71	4.7% (25)	$\bar{x}$= 6.8
Antisocial/ Delinquent behaviour(child) (maximum= 7)	$\bar{x}$= 2.17	27.7% (150)	$\bar{x}$=2.5
Low-income, Unstable Neighbourhood (maximum= 4)	$\bar{x}$= 1.84	25.8% (140)	$\bar{x}$=2.5
Low service,low support neighbourhood (maximum= 6)	$\bar{x}$= 1.6	36.5% (198)	$\bar{x}$=2.02
Poor, low functioning parent (maximum= 6)	$\bar{x}$= 2.09	30.1% (161)	$\bar{x}$=2.38
Behavioural/ emotional problem (child) (maximum= 5)	$\bar{x}$= 1.7	30.4% (164)	$\bar{x}$=2.11

The above scores are for the 'problem' indices only. The motivational index is one on which clients generally had high scores ($\bar{X}$=2.34 with a maximum of 3) and on which the frequency of cases scoring "0" is less than 5%.

3.3.4.2 Differences on Index Scores between Subgroups within the Sample

When scores for the indices were compared between regions, a number of relevant differences emerged:

1. With respect to the Inadequate Parent-Child Relationship Index, it is noted that there were fewer cases in the North than would be expected by chance who were represented by this index (cases scoring more than "0"). Conversely, there were proportionately more such cases in Urban areas ($x^2=13.5$, $p<.004$). Among those cases with scores of 1 or more, the differences in average score between regions tended to be slightly higher in urban areas, but these differences are not significant at a .05 level of probability.

2. The proportion of cases for which the Antisocial/Delinquent Behaviour (Child) index is relevant does not differ significantly between regions. For those cases with scores of more than 0, the average score tended to be higher in the Urban and Metropolitan areas ($F=4.5$, $p<.005$).

3. The proportion of cases for which the Behavioural/Emotional Problem (Child) index is relevant varies between regions; there are more than one would expect in the Metropolitan and Urban areas, fewer in the North or rural South ($x^2=11.8$, $p<.009$). Differences between regions for average scores on this index are nonsignificant.

4. The proportion of cases for which the Low Income, Unstable Neighbourhood index is relevant does not vary significantly between regions. However, as might be expected, average scores on this index for those scoring 1 or more tend to be higher in the North and rural South than in urban areas ($F=11.5$, $p<.0001$). The same pattern is true of the Low Service, Low Support Neighbourhood index, and in this case the frequencies for cases scoring 1 or more also differ significantly, being proportionately higher in the North and rural South ($x^2=14.67$, $p<.002$).

5. There are no significant differences between regions with respect to the Poor, Low Functioning Parent index.

When single-parent and two-parent families are compared with respect to the various indices, the following differences are noted:

1. With respect to the Low Income, Unstable Neighbourhood index, single parents are more frequently represented by a score of 1 or more ($x^2=25.32$, $p<.0001$). For those cases with scores of 1 or more, the single parent families also have a slightly higher average score ($\bar{x}=2.88$ and $\bar{x}=2.17$ respectively; $F=19$, $p<.0001$).

2. The same pattern is present for the Poor, Low-Functioning Parent index: single parents are represented on the index more frequently ($x^2=11.52$, $p<.0007$) and have slightly higher scores on the average ($F=6.9$, $p<.009$).

There were no significant differences distinguishing one-parent from two-parent families using any of the other indices.

Families with young mothers (25 years old or less) were contrasted with families where the mother is over 25 years of age, revealing the following significant differences:

1. For those families to which the Inadequate Parent-Child Relationship index is relevant (scores more than 0), the average score is significantly higher for families with older mothers ($F=7.19$, $p<.008$).

2. Younger mothers' families are significantly less likely to score anything on the Antisocial/Delinquent Behaviour (Child) index ($x^2=95.3$, $p<.0001$) and, in cases where this index was relevant to the family, had lower scores ($F=85.7$, $p<.0001$). The same pattern holds for the Behavioural/Emotional Problem (Child) index for both frequency of scores over 0 ($x^2=99.9$, $p<.0001$) and mean scores ($F=63.3$, $p<.0001$).

3. Younger mothers' families are more likely to score on the Low Service, Low Support Neighbourhood index ($x^2=7.96$, $p<.005$) and on the Low Income, Unstable Neighbourhood index ($x^2=8.29$, $p<.004$). In cases where either of these indices is relevant, families with

younger mothers also tend to score higher ($F=4.3$, $p<.04$ and $F=9.3$, $p<.003$ respectively).

4. There are also differences between these two groups of families respecting scores on the Poor, Low Functioning Parent index, with younger mothers scoring more than 0 with greater frequency ($x^2=24.07$, $p<.0001$) and averaging higher scores in cases where the index is applicable ($F=21.73$, $p<.0001$).

Five of the indices produce significantly different scores between families that contain teenagers-at-risk and those that do not. Families with one or more teenagers at risk differ from their counterparts as follows:

1. They are significantly more likely to score more than 0 with respect to the Inadequate Parent-Child Relationship index ($x^2=7.05$, $p<.008$), the Antisocial/Delinquent Behaviour (Child) index ($x^2=74.3$, $p<.0001$), and the Behavioural/Emotional Problem (Child) index ($x^2=68.07$, $p<.0001$). For families for which any of these indices is relevant, those containing teenagers-at-risk score, on the average, significantly higher ($F=8.29$, $p<.005$; $F=136.9$, $p<.0001$; $F=36.04$, $p<.0001$).

2. Families with teenagers-at-risk score more than 0 less frequently, and average lower scores for the Low Income, Unstable Neighbourhood index ($x^2=3.02$, $p<.1$; $F=7.07$, $p<.009$) and also for the Low Service, Low Support index ($x^2=78.2$, $p<.006$; $F=6.24$, $p<.02$).

A final within-sample difference that was examined, with respect to the problem indices, was a comparison of families where children had been taken into care with families for which this was not the case.

There are no significant differences between the 'care' and 'no care' families with respect to the frequency with which any of the indices was relevant. There were, however, significant differences with respect to their respective scores on the three indices indicated on table 3.14.

Table 3.14
Differences in Problem Index Scores Between 'Care' and 'No Care' Cases

Index	Care	No Care	F-test
Inadequate Parent-Child Relationship	$\tilde{x}=7.59$ Sd=2.96	$\tilde{x}=5.95$ Sd=2.99	F=30.7 $p<.0001$
Antisocial Child Index	$\tilde{x}=3.34$ Sd=1.88	$\tilde{x}=2.72$ Sd=1.55	F=10.48 $p<.002$
Poor, Low Functioning Parent Index	$\tilde{x}=3.35$ Sd=1.71	$\tilde{x}=2.88$ Sd=1.54	F=6.25 $p<.02$

To summarize the within sample differences respecting the indices, we would highlight several points which clarify some of the differences between subgroups within our sample and point to what some of the differences in the services required by the subgroups could be:

1. Problems measured by the Parent-Child Relationship index are perceived by workers as occurring more frequently in the cities. Both the frequency and severity of problems indicated by the two child behaviour indices are also greater in the cities. On the other hand, scores for the indices measuring neighbourhood insufficiencies (low resources and supports) indicate that these problems are perceived as more frequent and severe in rural and northern areas.

2. Single parents are seen as being more frequently and severely affected by the problems represented by the low income, and low support neighbourhood indices, as well as by the poor, low functioning parent index.

3. Younger families (as indicated by the mother's age) have fewer and less severe problems with issues measured by the parent-child relationship index and the two child problem indices, but they are more seriously affected by problems indicated by the low income and low support neighbourhood indices as well as by the poor, low functioning parent index.

4. Like older families generally, families with teenagers-at-risk are less affected by indices measuring neighbourhood insufficiencies, but are more affected by indices measuring parent-child relationship and child behaviour problems.

5. Families where children have been in care at some point score higher on the Inadequate Parent-Child Relationship index, the Antisocial Behaviour (Child) index and the Poor, Low Functioning Parent index.

3.4 DESCRIPTION OF SERVICES PROVIDED

A major portion of our case review was devoted to questions which would enable us to describe the services and supports which had been provided in a given case from various sources. The sections that follow present a descriptive analysis of responses to these questions organized into three topic areas: 1) general casework/case management variables, 2) supports, and 3) formal programs.

3.4.1 General Casework/Case Management

3.4.1.1 Length and Intensity of Service

There was considerable variance in the sample respecting the time that had elapsed since the most recent case opening. The average case had received 19.5 months of service, with a range of 0-180 months (S.d.=21.7). As measured by the months elapsed since the first opening of the case, the average case had been known to the agency for 40.6 months (S.d.=43.1). We also asked how long the family had received service from their current worker, the average result being 13.63 months (S.d.=13.02).

There were few differences between subgroups in the sample with respect to the length-of-service variables. The focal program cases had been open significantly longer than the regular cases as measured in months since the last opening, with $\tilde{x}=22.73$ for the program cases and $\tilde{x}=17.62$ for the regular cases ($F=9.4$, $p<.001$). There were also significant differences between focal programs with respect to this variable (these are reported in chapter 5). Beyond these, there were no within-sample differences regarding length of service that require comment.

According to worker estimates, the average client family receives about four hours of service monthly in the form of contact with the worker herself or himself. The average case has also received an estimated eight hours per month of additional service from agency personnel other than the worker (most often program staff)(1). Finally, we were able to estimate that the average client family has received about 73 hours of service since the most recent case opening.

There were few within-sample differences respecting the hours of service variables. It is interesting to note significant differences in reported hours per month of worker contact between regions, favouring the North (table 3.15).

Table 3.15
Hours per Month of Worker Contact by Region

Region	Mean	S.d.	Statistical Values
Overall	4.13	7.37	N=440
Metro	2.7	2.04	F=3.08
Urban	4.3	10.04	p<.03
Rural	3.6	3.02	
North	5.8	7.72	

The same pattern as is seen in table 3.14 is present for total hours of service since the last opening, but is not statistically significant.

It should also be noted that there is considerable variance across agencies respecting reported hours per month of contact, with a range from less than two hours to over eight hours (again, the latter refers to one of the northern agencies)

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(1) An obvious question is whether our sample is biased in this respect by inclusion of focal program cases. It is noted that no significant differences were found between focal program and regular cases with respect to the total amount of formal program support received.

Another service variable we were interested in, because of indications from other studies, was the speed with which requests for service were responded to. Forty-two percent of cases were seen the same day the request was received, 44% were seen the same week, while only 14% waited longer than a week for the initial contact to be made. When the speed of response variable was cross-tabulated with other variables, the following differences were noted:

1. As with hours of contact, there are significant differences between agencies respecting the speed with which clients are initially seen (x^2=83.04, p<.0001).

2. There are also differences between regions, with clients in rural areas and the North more likely to be seen within the first day and much less likely to have waited more than a week than clients in urban and metropolitan areas (x^2=32.5, p<.0001).

3. Families with teenagers-at-risk are less likely to have been seen the same day, and more likely to have waited more than a week (x^2=8.09, p<.03).

4. Focal program cases were less likely than regular cases to have been seen the same day, and more likely to have waited more than a week (x^2=11.66, p<.03). This finding is noted because it may signal that workers have perceived the focal program cases as being somehow less urgent or less severe.

3.4.1.2 The Casework Approach

Questions regarding the casework approach employed by workers focused primarily on their use of contracts. Written contracts were employed in about 21% (112) of cases, with no particular pattern to within-sample differences in this respect. Workers reported at least a verbal agreement about goals with the parents in the family in a good many cases, but this finding is difficult to interpret because of the interviewers' impression that the questions were not operationalized well enough to produce a reliable response.

In addition to the contracting questions, we asked for the workers' own impressions as to which aspects of their service to a given client family had contributed to positive movement in the case. Table 3.16 shows the frequency with which different factors were identified.

Table 3.16
Frequencies of Reasons for Success Identified by Workers in 10% or More of Cases (ranked)

Family motivation, strengths	36%	(180)
Positive worker family relationship	30%	(153)
Mobilization of resources	21%	(106)
Focal program involvement	19%	(96)
Use of specified treatment model or technique	16%	(79)
Use of authority	15%	(74)
Other professionals' involvement	14%	(70)
Use of Foster care	13%	(63)
Program involvement (excl. focal)	11%	(57)
Mutual support in family	11%	(55)

Crosstabulation revealed some significant within-sample differences respecting the frequencies with which the factors in table 3.16 were named:

1. Mobilization of resources is specified significantly more often in southern rural cases than in other areas (x^2=11.38, p<.01).

2. Differences between focal program and regular cases include the perceived contribution of other professionals being named more frequently for program cases (x^2=7.11, p<.03). Foster care contributing to success was suggested more often in regular cases than in focal program cases (x^2=14.79, p<.001).

3. Use of Foster care as a contribution to positive change was also mentioned more frequently for families that contain a teenager-at-risk than for families that do not (x^2=18.93, p<.0001).

A final aspect of the general casework approach that we examined had to do with use of collaterals. Workers were asked which collaterals they had had any contact with at all in relation to the family under discussion. They were also asked to indicate which of the collaterals contacted was "primary", or represented a relatively frequent involvement.

Table 3.17 presents the frequencies with which different collaterals were indicated as contacts and as primary contacts.

Table 3.17
Frequency of Contact with Various Collaterals (ranked)

Collateral	Frequency of contacts	Frequency named as primary contact
School	41% (206)	19% (95)
Physician	36% (182)	5% (26)
Mental health	33% (165)	9% (43)
Police	29% (145)	4% (18)
Focal program	29% (144)	14% (72)
Public health	29% (144)	9% (47)
Welfare	28% (142)	4% (22)
Court	22% (109)	5% (24)
Hospital	22% (109)	3% (13)
Day care	18% (88)	4% (20)
Lawyer/Legal aid	17% (84)	3% (16)
Other CAS program	16% (80)	8% (39)
Foster/group home	16% (79)	19% (93)
Housing authority	15% (77)	1% (6)
Volunteer bureau	12% (62)	2% (11)
Other CAS	12% (59)	1% (5)
Probation	12% (59)	5% (26)
Charity	10% (48)	1% (6)

There were a number of significant within-sample differences respecting use of collaterals. The subgroups with the most differences were families with teenagers-at-risk versus those without. These differences are summarized in table 3.18.

Table 3.18

Frequency of Collateral Contact by Whether Families Contain Teenagers-at-Risk

A) High frequency for families with teens-at-risk	
School	$(x^2=94.00, p<.0001)$
Police	$(x^2=19.07, p<.0001)$
Court	$(x^2=21.70, p<.0001)$
Probation	$(x^2=49.73, p<.0001)$
Foster/group home	$(x^2=13.56, p<.004)$
B) Low frequency for families with teens-at-risk	
Physician	$(x^2=22.60, p<.0001)$
Public health	$(x^2=46.40, p<.0001)$
Hospital	$(x^2= 9.33, p<.01)$
Welfare	$(x^2=32.59, p<.0001)$
Day care	$(x^2=37.65, p<.0001)$
Housing authority	$(x^2= 9.32, p<.01)$
Volunteers	$(x^2= 7.42, p<.03)$

There were also regional differences in use of collaterals in that day care involvement is more frequently reported in the metropolitan and urban areas, and less frequently reported in the North $(x^2=21.55, p<.002)$. Legal services are also contacted relatively infrequently in the North, relatively frequently in metropolitan areas $(x^2;16.08, p<.02)$.

When regular and focal program cases are compared, it is interesting to note that the workers for families in the focal programs had less contact with police $(x^2=10.9, p<.03)$, less contact with the courts $(x^2=9.6, p<.05)$, but relatively more contact with foster homes or group homes. Obviously, a number of reasons could explain this last finding, including the possibility of sampling bias since focal program cases were not randomly sampled, the possibility that program cases are less antisocial, the possibility that focal program workers assume responsibility for some types of collateral contacts, or the possibility that the focal programs offer prosocial social supports and thereby reduce legal involvements. The finding is noted here as a difference that warrants further examination.

A simple count of the number of collaterals contacted provides an overall average of 5.64 per case. Within-sample comparisons indicated significant differences between agencies in this respect (F=2.13, p<.006) which mirror the regional differences in table 3.19.

Table 3.19
Number of Collateral Contacts by Region

Region	Mean	S.d.	F-test
metropolitan	6.00	3.23	
urban	5.75	3.45	F=3.36
southern rural	6.03	3.74	p<.02
North	4.73	2.77	
overall	5.64	3.36	

Although the data presented to this point in this section do not require detailed interpretation, some general impressions relevant to our original theses should be highlighted.

First, with respect to the frequency, intensity and duration of services provided, the data we have gathered indicate that clients are reasonably well served in many respects. Requests for service are responded to quickly -- there are no waiting lists in these agencies, and the client who waits more than a week for at least an initial contact is in a clear minority. Also, while we freely recognize measurement difficulties in estimating such values as hours of contact, even a reasonably conservative stance respecting the validity of the workers' estimates still allows considerable support for the impression that the families in our sample are receiving an impressive amount of service. The average family had received service from the same worker for over a year, with an estimated amount of contact well in excess of an hour per week if time invested by all agency personnel is included. Further, some contact with a range of collaterals seems to be the norm.

Comparisons with the services provided by other types of social agencies would be interesting. One suspects that the service pattern that has evolved in response to the CAS clientele is unique in some respects and would not easily be replicated in other agencies.

Two other points should be noted here:

- The data on use of collaterals clearly support the argument that families with teenagers-at-risk are a very distinct subgroup within our sample. The pattern of collaterals contacted for these cases is not only distinctive, it is also congruent with the patterns noted in the discussion of problem profiles in the previous section.
- The data gathered do not support the idea that, for the agencies in our sample at least, services offered in rural and northern areas are inferior to those provided in the cities. Despite demands for extra travel time and obstacles such as geographical isolation, clients living in the northern and rural areas we visited are seen as quickly and as often as clients in the cities. There may well be differences in services in extremely isolated areas (which we did not study), but it is still interesting that expected differences between regions did not materialize with respect to these variables.

3.4.2 Patterns of Support Provision

Using definitions developed during preparation of the "state-of-the-art" report and summarized in Chapter One of the present document, we asked workers about the supports each family was receiving. For each type of support (concrete, educational, social integration, emotional and advocacy) the worker was asked to describe what, to the best of his or her knowledge, had been done for the client and by whom. Thus, as a general indicator of levels of support we could simply count the number of different items specified by the worker and examine these counts for any apparent patterns. If a support of a particular type was not provided in a given case, we enquired as to the reason this had not been done.

Table 3.20 records the proportion of cases that received any supports at all in the various categories, the average number of supports identified and frequencies for the two main reasons supports may have not been provided.

Table 3.20
Frequencies for Major Categories of Support Provision

Category	Provided (Frequency)	Mean #	Not Needed (Frequency)	Not Accepted (Frequency)
Concrete	72% (348)	$\bar{x}=2.12$	8.3% (40)	0.8% (4)
Educational	91% (448)	$\bar{x}=3.41$	2.6% (13)	3.0% (15)
Social integration	61% (301)	$\bar{x}=3.54$	11.2% (55)	5.7% (28)
Emotional	95% (446)	$\bar{x}=3.75$	0.4% (2)	0.4% (2)
Advocacy	76% (372)	$\bar{x}=1.33$	11.2% (55)	2.0% (8)

"Not needed" and "not accepted" were the most frequently cited reasons for supports not being provided. they do not exclude other possible reasons, thus the row percentages total less than 100%.

When we examined our data for within-sample differences, no patterns of interest emerged for the frequencies with which different supports were provided. With respect to the average number of supports within categories, we did discover differences between agencies, regions and between families with or without teenagers-at-risk. The agency differences reflect regional differences, so we are content to report only the latter, which are itemized in table 3.21.

The general pattern seems to be that workers perceive their clients getting more supports in the cities, with the metropolitan area cases scoring high in all categories except social integration. By contrast, clients in the North score lowest for perceived numbers of supports in all categories except educational, where they are high.

Table 3.21
Counts for Types of Supports by Region

Region		Concrete	Educational	Social Integration	Emotional	Advocacy
	$\tilde{x}$	2.44	3.52	3.5	4.16	1.56
Metro	S.d	2.00	2.19	2.42	2.57	1.26
	n	101	104	101	103	102
	$\tilde{x}$	2.21	3.60	3.57	4.0	1.29
Urban	S.d	2.01	2.15	2.73	2.37	1.14
	n	195	199	199	199	197
	$\tilde{x}$	2.19	3.12	4.97	3.66	1.46
Rural	S.d	1.44	2.16	10.39	2.12	1.20
	n	207	75	77	74	76
	$\tilde{x}$	1.60	3.84	2.43	2.9	1.07
North	S.d	1.71	1.84	1.84	1.89	1.04
	n	100	100	100	100	100
	$\tilde{x}$ overall	2.52	3.41	3.54	3.75	1.33
	F=	3.71	4.79	4.20	6.51	3.42
F-test	p<	.02	.003	.007	.0004	.02

For families with teenagers-at-risk versus those without, differences are apparent for only two categories of supports. these are presented in table 3.22.

Table 3.22
Mean Number of Emotional & Concrete Supports x Presence of Teens-at-Risk

	Emotional supports	Concrete supports
Teens-at-risk	$\tilde{x}=4.12$ S.d=2.26	$\tilde{x}=1.46$ S.d=1.64
No teens-at-risk	$\tilde{x}=3.52$ S.d=2.09	$\tilde{x}=2.47$ S.d=1.9
Overall	$\tilde{x}=3.73$ F=7.63 p<.007	$\tilde{x}=2.11$ F=34.25 p<.0001

The indication that families with teenagers-at-risk are seen as receiving more emotional supports and fewer concrete supports than other families is congruent with the way perceptions of their problems and needs have been described earlier.

3.4.3 Sources of Support: the Workers' Role

From content analysis of workers' reports of their own services to clients we were able to code and count separate support activities associated with each support category. Table 3.23 presents the number of cases in which workers provided a given type of support, and the average number of supports of that type per case.

Table 3.23
Worker Supports Provided: Number of Cases per Support Category & Average Number of Supports

Support category	Frequency	Mean # of supports
Educational	77.15% (422)	$\bar{x}$=1.42
Emotional	74.77% (409)	$\bar{x}$=1.21
Advocacy	62.89% (344)	$\bar{x}$=0.98
Social Integration	46.80% (256)	$\bar{x}$=0.907
Concrete	52.10% (285)	$\bar{x}$=0.826

The kinds of activities in which workers engaged when providing educational support were: referral and coordination (59%, n=248), direct provision of child rearing skills (48%, n=203), direct provision of other life skills (21%, n= 90), support for participating in training (9%, n= 39), and other or undefined activities (32%, n=136).

Worker activities associated with providing emotional supports include the direct provision of counsel and support (84%, n=342), referral (37%, n=152), mediation with extended family (7%, n=22) and other or undefined activities (22%, n=90).

For advocacy supports, associated worker activities include consultation and coordination of services (68%, n=233), lobbying for resources (44%, n=150), lobbying with police or courts (11%, n=38), and other or undefined activities (6%, n=19).

In providing social integration supports, the kinds of activities workers engaged in include referral and coordination of service (73%, n=185), facilitating access to supports and encouraging involvement (50%, n=129), efforts to facilitate change in the individuals', families' or social networks (50%, n=128) and other or undefined activities (8%, n=21).

In providing concrete support, worker activities include direct provision of resources through agency (75%, n=214), referral (43%, n=122), advocacy (13%, n=37) and other or undefined activities (16%, n=45).

Based as they are on responses to open ended interview questions, it would be risky to carry attempts at quantitative analyses of the above data too far. The descriptive analysis presented to this point is interesting enough for the general impression that it supports: workers' descriptions of their own activities indicate that their role involves working to provide supports of all types, with the heaviest emphasis being on a teaching and emotional support role. While referral to appropriate support services is a common response to support needs of all types, so too are efforts by the worker to meet support needs directly. The extent to which workers are directly responsible for teaching and counselling, even (albeit to a lesser extent) advocating and arranging material assistance indicate a rather broad and flexible role rather than the more narrow and rigidly defined one that is sometimes envisaged for CAS workers.

3.4.4 Sources of Support: Helpers other than the Worker

Workers were asked to identify other possible helpers who could be providing supports of different types. Their responses to this request can be summarized briefly, as an indication of the role played by other helpers in supporting families, from the workers' point of view:

1. When "other professionals" were named as sources of support, the type of support provided was most frequently educational (53%, n=268) or emotional (44%, n=215). The professional group most frequently named were mental health and counselling personnel, followed by public health and other medically oriented helpers.

2. Practical service workers (usually homemakers or child care workers) are seen as most frequently providing educational supports (30%, n=147) or concrete supports (21%, n=104).

3. The focal program workers are most frequently seen as offering educational support (28%, n=136) or emotional support (22%, n=106).

4. Foster parents were identified most often with reference to emotional support (14%, n=68) and educational support (11%, n=56).

5. Volunteers were named most frequently with respect to concrete supports (23%, n=113) and infrequently for all other categories.

6. "Informal" helpers were seen most frequently providing social integration support (84%, n=412) and emotional support (77%, n=377); to a lesser degree they are also seen as providing concrete supports (42%, n=182). The type of informal helpers most often named were the immediate and extended family, friends and neighbours, and peers met through some formal support program.

3.4.5 Formal Support Programming

In the last major section of the case review, workers were asked about all formal programs which they knew of which the family had participated in since the case had been most recently opened. Where possible, they provided us with information about the normal frequency of contact and the time involved per contact for a given program, so that we could estimate numbers of hours of program support received. The programs were categorized according to common program types for some purposes, and also according to which family member or members they were designed to serve.

The number of cases for which program support of any type was recorded was 479, which is close to the total sample if cases where the abbreviated instruments were used are excluded. The most frequent member of the family for whom program supports were provided was the mother, who was named in 310 cases, with an average number of 2.2 such programs within that group.

Programs for fathers, by contrast, were identified in only 54 cases, with the average number of programs per case within that group being 1.35. Similar information for other program categories is presented in table 3.24, along with estimates of the average program hours provided.

Table 3.24
Descriptive Information on Programs Categorized by Family Member

Family member(s) served	# of cases	Mean # of programs	# of cases with time estimates	Mean # of hours	S.d.
Mother	310	2.03	222	193	404
Children	245	2.08	182	283	496
Parents & children	177	1.5	144	127	275
Both parents	60	1.3	46	28	38
Father	54	1.35	24	142	274

There are some aspects of these data that are not surprising but are nevertheless noteworthy. One such aspect relates to the common suggestion that family support services with this population tend to focus not on the whole family but on the mother and/or children served individually or in segregated groups. In our sample, mothers living with no other adults were not the majority; still, the major focus of program support is very much on the mother, followed by the children. The reasonably substantial investment in programs serving parent(s) and child(ren) combined is somewhat encouraging, while the apparent failure to engage fathers is less so.

Programs were also categorized according to the very general types of service they represent. The categories employed were selected for a priori reasons and on the basis of our assessment of whether they could be reliably applied to our data. Table 3.25 provides basic information respecting the number of cases receiving program supports within these categories.

The categories are not exclusive, and families obviously could receive program supports of more than one type. Briefly, residential programs refer to foster care or mental health facilities providing in-patient care. Day/residential programs include any program providing alternate care for a major part of the day but not continuously, examples being day care, day foster care, baby-sitting on a daily basis, and so on. Focal programs are those programs which were reviewed for this study (Chapter 5). Programs with a treatment focus include those which attempt, as part of their major purpose, to maintain or improve participants' functioning in some way. Programs with a recreational or social focus lack a clear change orientation, and exist primarily to meet recreational or leisure needs.

Table 3.25
Descriptive Information on Programs Categorized by General Types

Program Type	# of cases with time estimates		Average amount of service	S.d.
Residential	47.30%	(259)	30.6 wks	53.5
Day/residential (day foster care, day care, etc.)	13.70%	(75)	43.6 wks	44.6
Focal	28.15%	(154)	204.5 hrs	253.2
Treatment focus	64.70%	(354)	286.5 hrs	558.7
Recreational/ social focus	11.90%	(65)	201.0 hrs	311.9
Other programs	9.90%	(54)	56.4 hrs	105.2

Cross-tabulation of the type of programs offered with the focus of the program yielded few surprises: programs noted for mothers in particular and for the parents generally tended to emphasize a treatment focus, and programs offered to children tended toward a relatively stronger emphasis on a recreational/social focus although the treatment focus still predominates. Predictably, residential programming which includes foster and group home care, is most strongly focused on children.

Comparisons between the amount of treatment programming versus the amount of recreational/ social programming would be inappropriate because our source of these data was workers who are very likely more aware of the former type of program. The numbers presented do indicate some interesting findings, however:

1. the fact that some form of residential care had been used in almost half of the cases reviewed, and that the average time involved was almost eight months,

2. that day care and other "day-residential" programs were reported in only a small proportion of cases, and

3. that focal programs and other programs with a treatment or helping focus have tended to provide a substantial amount of service, averaging over 200 hours of estimated time per family.

Crosstabulation of program variables with other variables revealed few within-sample differences of any importance. We would note that the focal program cases where residential care is used receive somewhat fewer weeks of such care on the average than do regular cases where residential care is used ($x=21.27$ weeks and $x=34.55$ weeks respectively, $F=3.35$, $p<.10$). Obviously, this could represent a program impact, but could equally well reflect a bias which program selection criteria introduce.

Families with teens-at-risk appear to be receiving more total program support hours than other families do, although this relationship is not significant when focal program cases are excluded. However, selecting out focal program cases does not eliminate a significant difference whereby families with teens-at-risk receive more hours of program service focused on the mother. Families with teens-at-risk received an estimated average of 404.5 hours of such support (S.d=971) while other families received an estimated average of 152 hours (S.d=276, $F=5.14$, $p<.03$).

3.5 SUMMARY AND CONCLUSIONS

The sample obtained for this study represents a reasonable cross-section of protection cases from urban, rural, northern and southern areas of the province. We did not obtain sufficient variance with respect to cultural identification and language, so that our analysis could not address cross-cultural issues.

The majority of families in our sample were headed by single parents, although almost half were two-parent families and many more than this had at least two adults in the household, most often because members of the extended family shared the same roof.

In most families the children are strictly the biological offspring of the parent(s) rather than being in an adoptive or step-child relationship. In the great majority of families, the number of children is three or fewer. The distribution in terms of the ages of children in the families is relatively even: roughly equal numbers of families have infants, preschoolers, preadolescents and adolescents. With respect to the ages of children-at-risk or requiring service, cases that involved teenagers-at-risk were the highest frequency group while the lowest frequency group was families with infants-at-risk.

The parents in our sample were not generally as young as might be expected, the average age for both mothers and fathers being in excess of thirty years.

The cases in our sample were served by workers whose reported experience in social service work was a surprising seven years. Slightly less than half of these workers have professional social work degrees (BSW or MSW). They report caseloads which, for the most part, range between 20 and 30 cases. For the variables describing worker training, experience and workloads, there was significant variance across regions and agencies.

The most frequent reported source of referral for families coming to the agencies' attention is the parents themselves (33%), followed by various representatives of the medical services system (20%). The presenting problems reported include high frequencies of parenting problems (e.g. abuse and neglect), child problems (e.g. such as delinquency) and relationship problems (such as emotional rejection and family discord).

In completing a checklist of possible problems or insufficiencies, the workers indicated that half the families in our sample were in some kind of economic difficulty, and about half live in neighbourhoods that are likely to be low support or low resource environments (transient, poor, high incidence of rental accommodation, too much access to antisocial influences, etc.). In addition to such external stresses, workers reported high frequencies of intrafamilial stress as well, in the form of parent dysfunctions such as poor parenting, domestic violence, substance abuse and so on. Less frequent but still common were various problems associated with child functioning.

Despite fairly high apparent stress levels, it is interesting that workers do not generally perceive their clients as being unmotivated, since they indicated that, in a substantial majority of cases, families recognized problems and were willing to work toward solving them.

The kinds of stresses identified vary somewhat between regions. Neighbourhood insufficiencies and some parent and child problems may be more frequent in urban areas, while problems associated with isolation and inadequate access to services are more common in the north.

Older families with teenagers-at-risk are distinguished from the rest of the sample by a very clear pattern of relationships whereby they are more likely to be seen as exhibiting intrafamilial problems but less likely to be seen as affected by economic or neighbourhood insufficiencies, or by some of the more severe and chronic parent and child dysfunctions (such as substance abuse, emotional disorder or antisocial behaviour in the parent, or developmental delay in the child).

A range of both external and intrafamilial stresses distinguishes families where care was used from those where children had never been in care. For the most part, these are items that seem to represent serious parenting deficits and a breakdown of the parent/child relationship.

Cluster analysis of the items reported above resulted in the development of six problem indices, one describing parent-child relationship difficulties, one describing parent dysfunction, two relating to child problems and two describing patterns of neighbourhood insufficiency. These indices were sensitive to a number of apparent differences within our sample:

1. Parent-child problems are seen as more frequent and severe in urban areas, as are the problems measured by the child indices. The problems measured by the neighbourhood insufficiency indices, however, are perceived as more frequent and severe in the rural and northern areas.
2. Both single parents and families with younger parents are seen as being more seriously affected by the two neighbourhood insufficiency indices and by the poor, low functioning parent index.
3. Older families and families with teens-at-risk are more affected by issues related to the parent-child relationship and child behaviour indices. They are less affected by the indices measuring neighbourhood insufficiencies.
4. Families where children have been placed in alternate care at some point score higher on the average on the indices measuring parent-child relationship problems, child antisocial behaviours, and poor, low functioning parent characteristics.

With respect to services, we have noted that workers report that requests for service are normally responded to quite quickly, and the normal case received a considerable amount of service as indicated by hours of contact. Workers' descriptions of their own role vis-a-vis the cases reviewed implies an emphasis on the direct provision of educational and emotional supports, which does not exclude frequent involvement in advocacy, efforts to impact on the social networks of client families, or efforts to provide for concrete material assistance. Workers also perceived their clients receiving supports of different kinds from a range of sources. Other professionals and program workers are frequently seen as sources of educational and emotional support for clients. 'Informal' helpers (e.g. friends or family) were very often identified as sources of social support, and also as sources of concrete instrumental help.

Finally, workers report some form of formal program support being provided for virtually all cases. In almost 50% of cases reviewed, residential programs such as foster care were used at some point. For the nonresidential programs identified, the most frequent family member served was the mother, followed in frequency by programs focused on children. Programs serving parents and children together are perhaps not as frequent as is desirable, but they are still often attempted. Programs serving both parents or the father are quite infrequent.

There was, of course, considerable variation respecting the duration and intensity of service provided by different formal programs. For many cases, however, the investment of formal program time appears to be substantial, with worker estimates averaging well over 150 hours of program time per case served.

The general impressions that our descriptive data produce are occasionally at odds with common preconceptions; they also frequently validate impressions gained from key informants in the field at the outset of the study:

1. Workers, on the whole, were a more experienced and stable group than might have been expected. Turnover and morale may well be problems within the CAS agencies, but the clients we sampled were not being served by an inexperienced or transient group of social workers.

2. The services clients receive from the CAS staff

represent, in the main, a significant level of involvement. Workers report a prompt delivery of service at intake, and regular contact over a substantial period of time in most cases. The use of formal programming to supplement the workers' services is also a very frequent event and represents a substantial investment of time.

3. There seems to be a clear structure to how workers perceive client problems and associated stresses, which is potentially very useful for future study of the area. Dimensions of client family circumstances that emerged from our cluster analysis include economic and neighbourhood insufficiencies, child dysfunctions, parent dysfunctions and parent-child relationship problems.

4. Another aspect of workers' perceptions of their clients is the frequency with which a degree of motivation and capacity for problem solving is indicated. Add to this the fact that a substantial number of client families are self-referred, and that workers identify client motivation as a factor contributing to change, and the picture is somewhat different from the popular stereotype of the 'typical' CAS client.

5. There is, as expected, a very real degree of heterogeneity within the population of protection families served. Families with problem teens,families with single parents or young parents, families afflicted by a lack of economic and community resources -- each of these can be considered as subgroups with different problem profiles, for whom a different service 'package' might be appropriate.

6. Given the importance of differences in the needs of families, it is relevant to note that workers also documented a flexible view of their role, with a broad range of types of support and services being developed for their clientele. As a general comment, we would note that the agencies seem to have evolved a style of service delivery that is both varied and unique, and it is difficult to reconcile the results of our analysis with suggestions that the CAS workers role is or should be restricted to a quasi-legal one. While this function is undoubtedly important, our data indicate that it is only part of a role that is multidimensional in nature. Our review of the

literature indicated that an effective family support approach would probably have to make use of a range of different kinds of services, delivered in a flexible and integrated manner -- an approach that is apparently being developed in some parts of the province. Such a flexible multimodal service, combined with the capacity to respond relatively quickly, is not characteristic of most specialized helping agencies. If the CAS role was to be narrowly defined by legislated responsibilities alone, in the hope that other agencies could assume responsibility for all remaining client needs, the result would probably be a serious service gap. Other agencies have simply not evolved the range of services, mechanisms for coordinating them, and the style of service delivery that is appropriate for the family protection population.

7. The use of formal program supports requires on-going evaluation. An area of possible concern from a family support point of view is the extent to which mothers, parents and children are still treated in segregated groups. Innovative ways of treating the family unit as a unit, especially addressing the perennial need to reach fathers, would seem to be areas requiring more consideration.

CHAPTER 4

OUTCOME

4.1 INTRODUCTION

In an effort to understand the possible effect of different types of support, we examined relationships between support indicators and three categories of outcome:

1. use of alternate care
2. estimated movement on goals
3. change on the six problem indices.

A great many different indicators of support were employed in this analysis, many of which rely on workers' estimates of the services and supports a client was receiving. Thus, the values we have been able to assign to such indicators must be regarded as approximations rather than precise measures. Since it is important to be cautious with such data, we looked for patterns of relationships that had broad support within our data set, rather than trying to interpret specific isolated findings.

4.2 CARE INDICATORS

During the case review and follow-up, information was gathered with respect to six variables having to do with the use of alternate care arrangements for children:

1. whether or not any children in the family had ever been in care
2. the total number of weeks of foster care that had been provided for children in the family
3. whether care was used on one occasion or more than one occasion

4. the longest period of time for which any child from the family had been in care

5. whether or not some or all of the children had been returned home at the time of the interview

6. whether or not some or all of the children were in care at the time of the follow-up.

The relationship of whether care had been used or not with various demographic variables has been indicated in earlier parts of this report. The present section presents our general findings when care variables were considered as outcomes by examining their relationship to the various service, support and program service measures, while controlling for a number of potentially important intervening variables.

4.2.1 Use Versus Non-use of Care

The first care variable, whether or not children from a family have ever been in care, shows a consistent pattern whereby "care" families have received more supports and program services than "no care" families. While the pattern is consistent, the effect is not particularly strong statistically, and specific differences between "care" and "no care" groups are not often significant. Variables that did show a statistically significant difference include total hours of service from the worker, the number of collaterals contacted, the number of advocacy supports provided, the total number of program involvements and the length of time the case had been open. For each of these there are differences between "care" and "no care" groups which are significant beyond the .05 level of probability, and which indicate that more time, supports and program services are being invested in the "care" families.

A number of problem indices are very strongly related to the care/no care variable, these being the Inadequate Parent-Child Relationship index, the Antisocial/Delinquent Behaviour (Child) index, the Behavioural/Emotional Problems (Child) index and the Poor, Low Functioning Parent index. For each of these indices, the "care" group scores significantly higher than the "no care" group ($p<.05$). For this reason, the relationships described in the preceeding paragraph were examined while controlling for problem severity as measured by the relevant indices. The result was no change in the basic finding; while services and supports are invested more heavily in high-problem cases, the pattern whereby they are also more strongly invested in "care" cases remains true for all levels of problem severity.

4.2.2 Frequency of Use of Alternate Care

Of the cases where care was used, 60% (180) had a child placed only once, while 40% (101) had a child placed more than once. When this variable is related to the different support and program service measures, the pattern of associations is similar to that described for the first care variable above. Those cases where care was used more than once were also seen as receiving significantly more service and support on several indicators ($p<.05$): months of service, number of educational supports, number of emotional supports, number of supports from professionals other than the worker, number of supports from informal helpers, total number of programs and number of programs focused on the mother. The pattern is the same for virtually all other support indicators, albeit at nonsignificant levels.

As with the "care" versus "no care" variable, conducting the above analysis while controlling for problem severity does not alter the conclusions to be drawn.

4.2.3 Longest Period of Time in Care

We asked also what the longest period of time spent in care by any child from the family had been using four response categories: less than six weeks, from six weeks to six months, from six months to one year and more than a year. The frequencies with which these categories were indicated were 24% (62), 36% (94), 19% (48) and 21% (54) respectively.

Using a probability of .05 as the criterion, families with younger mothers and families with no teenagers-at-risk are more likely to use short-term care (less than six weeks) than are other families; the same is true for families with smaller numbers of children. There is also a significant relationship whereby cases where care had been used for longer periods of time had higher average scores on three problem indices, the two child behaviour indices and the Poor, Low Functioning Parent index.

When the relationship of length of care to the various measures of support is examined, including use of controls for the potential intervening variables identified above, there is weak evidence for a tendency to provide more supports and services to families where the longest period of care used is in the midrange, more than six weeks but not more than a year.

4.2.4 Children Returned Home or Not

Workers were also asked whether all, some or none of the children of families where care had been used were returned home at the time of the interview. Fifty-five percent (n=133) of responses indicated all children were home, 11% (27) that some were home, and 33% (81) that none were home.

Significant relationships (p<.05) between potentially important intervening variables and the number of children returned home include:

1. Workers report a positive relationship with the family more often than would be expected by chance in cases where all the children have been returned home.

2. Families that include teenagers-at-risk are less likely than chance would predict to have all children returned home.

3. Families where all children are returned home tend to have younger parents as indicated by the average age of the mother.

4. Families with high scores on the Antisocial/Delinquent Behaviour (Child) index are more likely than chance would predict to have no children returned home.

The relationships of the different service and support variables to the number of children returned home show a pattern similar to those described for the length of care variable above. Statistically significant relationships were found with program hours provided the mother, the number of programs provided the child, estimated hours of social/recreational programming and the length-of-service variables. In each case the indication is that services and supports are focused on families where "some" children have been returned home rather than "all" or "none". The same pattern is present at a nonsignificant level on several other support and service variables. Again, if one assumes the "some" category contains cases perceived as representing a middle range of difficulty, there is support here for the possibility that it is on such cases that services are being focused most strongly.

4.2.5 Weeks of Foster Care and Follow-Up Status

Analysis of the remaining care variables simply supports the patterns noted. For total weeks of foster care provided the family, services and supports are provided most to families where moderate amounts of care have been used. For the follow-up questionnaire item asking whether children in the family were in care, an affirmative response is associated with generally higher levels of program services and other supports.

4.2.6 Conclusions Regarding Care as Outcome

Interpretation of the results presented in this section must take into account the fact that use or non-use and duration of care are somewhat ambiguous as outcome variables. While reduction of the need for alternate care is clearly a result which family supports are designed to produce, it is also true that alternate care is often an intervention intended to ameliorate problems of different kinds. Care is at once a treatment and an outcome, depending on the particular question being analyzed in part, and also probably on individual differences between cases.

In any event, the present analysis did not show evidence in the aggregate for higher levels of support and program service producing less need for alternate sources of care. Instead, it seems that families where care is provided also attract high levels of support services of other types, at least to a point. There is some evidence that when care becomes a long-term arrangement, or when all children in the family are in care, levels of support may be somewhat less.

Use of care is clearly associated with evidence for more serious problems, as measured on the different problem indices. Perhaps the most straightforward interpretation of the findings regarding care is that because it is associated with high problem families it is also associated with families where elevated levels of other services are required. An additional hypothesis is that there is a subgroup of families with high problems who are viewed as having limited potential for change, and these are situations where longer-term care is more likely, along with a somewhat lower level of other support services.

4.3 ESTIMATED MOVEMENT ON GOALS

Workers' perceptions of progress toward achievement of different treatment goals was elicited by first exploring what their goals were, then asking them to assess the clients' movement on general goal categories (e.g. parenting goals, marital goals, etc.), as well as to provide information as to what the concrete change indicators were in each case. Workers' change ratings were coded using a five-point scale (Appendix II) indicating deterioration at the low end and satisfactory achievement of the goal at the high end. For purposes of this analysis, we recoded these ratings into two categories: any item with a score of 3 (moderate change) or less was classified as a "low change" item while those with a rating of 4 (considerable change) or more were classified as "high change" items.

The first goal category to be considered includes parenting goals such as use of discipline, physical care of child(ren), cessation of abuse and ability to meet developmental needs. Table 4.1 summarizes differences in services and supports provided to the "low change" and "high change" families respectively.

Table 4.1
Comparison of Low & High Change Families (on Parenting Goals)

Support indicator	Low change group	High change group	F-test
Weeks of day care day foster care	$\tilde{x}= 6.49$ (232)	$\tilde{x}=12.31$ (110)	F=3.59 p<.06
Total number of supports	$\tilde{x}=14.58$ (220)	$\tilde{x}=17.42$ (106)	F=7.7 p<.006
Number of informal supports	$\tilde{x}= 4.25$ (220)	$\tilde{x}= 8.66$ (108)	F=4.4 p<.04

The relationships in table 4.1 were explored further while controlling for problem severity. Tables 4.2 and 4.3 provide examples of the results of this analysis.

Table 4.2
Perceived Parenting Change by Number of Informal Supports by Inadequate Parent-Child Relationship Index Level

		Perceived Movement	
		Low change	High change
Inadequate Parent-Child Relationship Level	0 (low)	$\tilde{x}=5.75$ n= 4	$\tilde{x}=5.0$ n= 2
	1	$\tilde{x}=3.57$ n=35	$\tilde{x}=5.36$ n=25
	2	$\tilde{x}=4.21$ n=72	$\tilde{x}=8.04$ n=28
	3 (high)	$\tilde{x}=4.73$ n=71	$\tilde{x}=4.8$ n=21

Table 4.3
Perceived Parenting Change by Weeks of Day Care by Level on Poor, Low Functioning Parent Index

		Perceived Movement	
		Low change	High change
Poor, Low Functioning Parent Index Level	0 (low)	$\tilde{x}=3.24$ n=41	$\tilde{x}=3.15$ n=19
	1	$\tilde{x}=2.61$ n=52	$\tilde{x}=10.92$ n=24
	2	$\tilde{x}=6.0$ n=57	$\tilde{x}=7.5$ n=20
	3 (high)	$\tilde{x}=11.37$ n=43	$\tilde{x}=35.2$ n=15

Tables 4.2 and 4.3 are illustrative of the results obtained with other combinations of variables as well. The relationship between various supports and perceived change tends to be clearer for some levels of problem severity than for others. Generally, there is a tendency for high perceived change to be associated with higher levels of support at moderate or high levels of problem severity. With respect to perceived change in parenting, it is interesting to note that the association of this variable with informal supports seems strongest at moderate levels of problem severity, while its association with weeks of day care/day foster care is clearest at moderate and high levels of problem severity.

The remaining goal categories that were analyzed in the same fashion as the parenting goals can be discussed more briefly. "Emotional climate", which generally describes parent-child relationships shows a significant association between high perceived change and high levels for hours per month of service, estimated hours of social/recreational programming, and total number of supports provided. Controlling for intervening variables indicates these patterns are clearest in families that have no teenagers-at-risk, and are unaffected by levels of problem severity.

Goals that were classified as changes in homemaking showed a significant association between high perceived change and 16 different support and program service variables. Controlling for the usual intervening variables did not alter this picture in any relevant way.

Finally, goals that were classified as representing change in children's individual functioning or school adjustment showed a significant positive association between perceived high change and total supports and use of volunteers. Except for the fact that use of volunteers seems more relevant to families with no teenagers-at-risk, no potential intervening variables alter these findings particularly.

In summary, the general goal categories where perceived change is related to levels of support and program service appear to be improved parenting and homemaking skills, improvements to the parent-child relationship, and improvements in children's individual functioning and school adjustment. In some cases (e.g. parenting goals) the evidence for such a relationship is tentative inasmuch as the patterns of relationships are consistently in the direction indicated, but only a few such relationships are statistically significant. In other cases (e.g. homemaking goals) the evidence is stronger, statistically speaking. In any event, the kind of problems on which workers see progress being made and their possible relationship to supports and program services is well worth further consideration. So too are indications that these effects are not limited to low problem cases, but are sometimes rather more clear at moderate or high levels of problem severity. Our data do not justify an extensive analysis of which kind of problems at what level of severity are responsive to different kinds of support. We can, however, argue with more confidence that the question of such differential impacts is a valid one, and our data suggest avenues that more focused and controlled studies may follow. A further case in point is that "what works", in the workers' eyes at least, is often a different question for families that contain teenagers-at-risk compared to those that do not.

4.3 CHANGES ON PROBLEM INDICES

Another set of outcome indicators employed in our analysis utilized the problem indices. On the original checklist, workers were asked to indicate if a particular item was applicable to a given case at the time the case was open (T1) and at the time of the interview (T2). They were also asked to indicate which of the same items were applicable to the family at the time of the follow-up (T3).

For each index a base score was calculated by counting the number of items from the index which were judged applicable to a case at any point in time (T1, T2 or T3). We then counted the number of index items where there was evidence of positive change: (1) those that were seen as applicable at T1 but not subsequently, and (2) those seen as applicable at T1 and/or T2 but not at T3. The ratio of the latter count divided by the base score, expressed as a percentage, was used as the change score for each index. Thus the change score for a given case on a given index is basically the number of items where there was evidence of progress as a percentage of the number of items that were identified as problems at any point.

It should be noted that cases with a base score of "0" on a given index were not assigned a change score on that index. It should also be said that the method for calculating a change score has the potential disadvantage of favouring, in a sense, cases that start at a low level of problem severity. A family with a score of "1" on an index, for example, needs only to improve on that one item to receive a change score of 100%. Despite this possible problem, however, we did feel that the proportion of problem items demonstrating change on an index would be the most practical and meaningful score to use, compared to the alternatives available. If it is kept in mind that the change scores represent the extent to which applicable problem items from a given index were resolved, interpretation of the results that follow will not be inaccurate.

A final general note is that for most of the analysis reported below, cases were divided into "high change" and "low change" categories. This was done employing the median percent change score as a cut-off score. Thus, rather than making too many assumptions about the mathematical properties of our indices, we chose to simply compare high change and low change cases to discern what, if anything, differentiated them.

4.3.1 The Inadequate Parent-Child Relationship Index

The median cut-off score for percent change on the Parent-Child Relationship index was 52%. Those families which showed progress on 52% or less of index items judged applicable in their case were assigned to the "low change" category while those showing change in more than 52% of such items were assigned to the "high change" category.

Initially, three program service and support variables were positively and significantly associated with the low change /high change variable:

1. More weeks of foster care were reported for the high change group ($\tilde{x}=21.56$, $n=173$ compared to $\tilde{x}=10.53$,$n=190$; $F=8.09$; $p<.005$)
2. More weeks of day care/day foster care were reported for the high change group ($\tilde{x}=9.36$, $n=178$ compared to $\tilde{x}=3.98$, $n=198$; $F=5.4$; $p<.03$)
3. The worker/client relationship was rated positively more frequently in the high change group (55% compared to 43%, $x^2=4.2$, $p<.05$).

In addition to these, four additional variables showed the same pattern, but with less statistical strength. These were:

- total hours of residential care (which includes foster care)
- total hours of "other" (undefined) programming
- total hours of recreational/social program service
- total hours of program service focused on the mother.

These relationships were revaluated while controlling for problem severity, grouping cases according to whether they belonged in the bottom, middle or upper third of the sample with respect to their base score on the parent-child index. When separate analyses were conducted within the high problem and low problem cases, most of the relationships became generally quite weak, although the patterns remained the same. For example, within the high problem category of cases only, we observed the following:

1. more weeks of day care/day foster care were reported for "high change" cases ($F=3.3$, $p<.10$)
2. more hours of programming focused on the mother were reported for "high change" cases ($F=3.3$, $p<.10$)
3. more hours of programming of a recreational/ social type were reported for "high change" cases ($F=2.3$, $p<.15$).

An exception to this is the relationship between perceived change and weeks of foster care, which remained statistically strong within the high problem group ($F=6.4$, $p<.02$). This relationship was examined still further by controlling for whether all children had been returned home or not at the time of the follow-up. This was done in order to assess the obvious possibility that perceived changes in the parent-child relationship were related to use of foster care only because parents and children were separated and therefore limited in their opportunities for conflict. However, when this relationship was examined within the group of families where all children were home at follow-up, it is still true that the high change group had had more weeks of foster care than the low change group ($\tilde{x}=29.93$ compared to $\tilde{x}=16.19$; n's 41 and 46, $F=8.10$, $p<.006$).

Finally, the relationship of major support and program service indicators to low versus high change on the parent-child relationship index was compared for families receiving welfare with those that were not. Two relationships, again somewhat weak in level of significance ($p=.06$ in each case) are present in "non-welfare" families only. These are hours of recreational/social program service and hours of focal program service. For non-welfare families only, the mean values for each of these indicators were higher in the high change group.

In brief, our analysis of change on the Inadequate Parent-Child Relationship index provides rather tentative evidence for a contribution to positive change by recreational programming, programming focused on the mother and focal programming service. Controlling for problem severity indicated that, contrary to expectations, change scores tend to be higher for high problem cases, and this variance alone accounts to a certain extent for the apparent relationship between perceived change and some support indicators. However, for hours of programming for mothers, hours of focal programming, hours of recreational/ social programming, and hours of daycare or day foster care provided we feel there is enough evidence for a contribution to justify reporting these patterns. This is done so in a tentative spirit, in the belief that our exploratory look at these variables will be of interest to other researchers and to practitioners.

The strongest relationship we have to report is also a rather interesting one. Use of foster care does seem to contribute to perceived change in the parent-child relationship in a positive direction. This is so at a statistically significant level for cases at the highest level of problem severity, and it does not appear to be simply a function of foster care separating parents and children.

Finally, we also note indications that the relationship between some supports (focal program hours and recreational/social programming) may be different for poor (welfare) families compared to other families in our sample.

4.3.2 The Antisocial/Delinquent Behaviour (Child) Index

The Antisocial/Delinquent Behaviour (Child) index was analyzed in essentially the same fashion as is described in the previous section. In the present case, "low change" and "high change" categories were defined using a cut-off score of 51%.

The preliminary (uncontrolled) analysis indicated the following results:

1. There is an association between change on this index and the family's social context, whereby the "high change" group has a lower score on the low service, low support neighbourhood

index than does the "low change" group ($\tilde{x}=1.8$ and $\tilde{x}=2.3$ respectively, $F=5.7$, $p<.02$). Apparently perceived change in child behaviour is more likely when families are not in an environment where social resources are limited.

2. There is little evidence to support conjecture about levels of program service being related to perceived change on this index. Relationships to hours of various kinds of programming were statistically weak and inconsistent in their direction.

3. However, there is an apparent relationship between use of care and perceived improvement in antisocial behaviour (see table 4.4).

4. There is also an apparent association between perceived change on this index, hours of monthly worker contact and total hours of service provided (see table 4.4).

Table 4.4
Program Service & Support Variables
Significantly Related to Low Change/High Change
on the Antisocial Child Index (ACI)

Indicator	Low Change Group	High Change Group	Statistical Values
Hours of worker contact/month	$\tilde{x}=3.14$ (149)	$\tilde{x}=5.2$ (137)	$F=4.5$ $p<.04$
Total hours of service since opening	$\tilde{x}=49.5$ (116)	$\tilde{x}=100.29$ (117)	$F=7.2$ $p<.008$
Weeks of foster care	$\tilde{x}=10.7$ (158)	$\tilde{x}=22.7$ (138)	$F=7.5$ $p<.007$
Total weeks of residential care	$\tilde{x}=11.71$ (150)	$\tilde{x}=29.13$ (127)	$F=8.8$ $p<.004$

The intervening variables for which controls were imposed for further analyses included whether or not families were on welfare, whether or not they were headed by a single parent, and problem severity. Problem severity was controlled by defining low, middle and high problem groups using scores for the low, middle and high thirds of the sample. Problem severity was included in the present analysis in this way for three indices: the two child behaviour indices and the parent-child relationship index.

As table 4.5 illustrates, there is a clear difference between the hours-of-service variables and the care variables in that hours of service is associated with high perceived change in the low problem category while care is associated with high perceived change in the high problem category.

Table 4.5
Low vs. High Change on the Antisocial Child Index by Hours of Service per Month & Weeks of Foster Care by Level of Problem Severity

a) High Problem Severity (ACI)

Indicator	Low Change Group	High Change Group	Statistical Values
Hours of service monthly	$\tilde{x}= 3.3$ (33)	$\tilde{x}=7.6$ (33)	F=1.3 p>.25
Weeks of foster care	$\tilde{x}=14.3$ (36)	$\tilde{x}=30$ (34)	F=6.3 p<.02

b) Low Problem Severity (ACI)

Indicator	Low Change Group	High Change Group	Statistical Values
Hours of service monthly	$\tilde{x}= 2.8$ (53)	$\tilde{x}=4.45$ (58)	F=6.04 p<.02
Weeks of foster care	$\tilde{x}=10$ (57)	$\tilde{x}=15$ (57)	F=0.97 p>.30

The pattern identified from table 4.5 holds true reasonably consistently while controlling for problem levels on the other indices. Hours of service are associated with high perceived change for low-to-moderate problem cases, while care is associated with high perceived change for high problem cases.

As with the parent-child relationship index, the relationship between care and high perceived change on the antisocial child index was also examined after selecting only cases where the children were home at the time of the follow-up. For these cases, the pattern remains clear, with"high change" cases receiving more weeks of foster care on the average than the "low change" cases ($\bar{x}$=28 and $\bar{x}$=10 respectively; n's=27 and 18; F=4.8; p<.04). Thus any influence on antisocial behaviour due to care seems to hold true even when the children concerned have been returned to their natural families.

With respect to other intervening variables, there are no particular differences to report between welfare and non-welfare families. The major difference between single parent families and their counterparts is an important one since it has to do with the impact of foster care (see table 4.6).

Table 4.6
Low vs. High Change on the Antisocial Child Index by Weeks of Foster Care by Single Parent vs. Two Parent Families

	Low Change Group	High Change Group	Statistical Values
Single parent	$\bar{x}$=12.9 (90)	$\bar{x}$=12.8 (59)	F=.001 p>.95
Two parent	$\bar{x}$= 7.9 (65)	$\bar{x}$=29.7 (78)	F=6.9 p<.01

The main point to be made with respect to table 4.60 is that the pattern indicates that the impact of care on perceived change on the antisocial child index is present for two-parent families but not single-parent families. This obviously raises questions that require more investigation. For the present, we can note the clear possibility that services focused on the problems measured by this index should take family composition into account.

4.3.3 The Behavioural/Emotional Problem (Child) Index

This index is not entirely distinct from the antisocial behaviour index previously reported, inasmuch as several checklist items appear on both indices. The present index is different from the preceeding one in that workers reported more items indicating emotional problems and fewer items indicating problems with authority (delinquency, truancy, etc.). The cut-off point for the behavioural/emotional problem index was 38%. Cases which were assigned a change score of 38% or less were classified as "low change" cases; all others were classified as "high change" cases.

The initial analysis showed that whether or not clients were on welfare was a potentially important intervening variable, since welfare recipients are significantly over-represented in the low perceived change group and under-represented in the high perceived change group ($p<.02$). A moderately strong relationship reminiscent of one reported respecting the antisocial child index indicates the possible role of neighbourhood resources, since families in the low perceived change category seem to score higher on the low service, low support neighbourhood index ($\tilde{x}=2.3$ compared to $\tilde{x}=1.9$ for the high change group; $p<.10$). Also, the age of the mother tends to be somewhat lower in the low change group ($\tilde{x}=31$ compared to $\tilde{x}=33$; $p<.10$). There is a tendency for families with teenagers-at-risk to be over-represented in the high change category ($p<.10$).

The program service and support variables that are at least moderately well associated with the high change/low change variable on the present index include:

1. High change cases have received more weeks of residential and foster care program service. For residential care in general the average was 26 weeks, compared to 21 weeks for low-change cases ($p<.06$). For foster care the respective means are 21 weeks and 12 weeks ($p<.10$).

2. Average hours of nonresidential program service focused on the child are greater for the high change category ($\tilde{x}=157$ compared to $\tilde{x}=71$; $F=4.9$, $p<.04$).

3. Weak support is present for a relationship whereby high perceived change cases receive more hours of program service focused on the mother and more hours of program service with a treatment focus ($p<.15$ in each case).

When families with teenagers-at-risk were singled out and compared to other families, some differences emerged which have only moderate support but which are still worthy of note:

1. Hours of programming focused on the child and the number of supports offered by the focal program worker were both higher for the "high change" group ($p<.10$) but only for families with teenagers-at-risk.
2. The total number of programs identified and the number of hours of programming with a helping focus were also higher for the "high change" group, again only within the category of families having teenagers-at-risk ($p<.10$).

These results, of course, might have been affected by sampling bias deriving from the fact that two of the focal programs studied were adolescent programs. They are offered for their potential interest with the usual cautions regarding their tentative nature.

The main difference that became apparent when we controlled for the age of the mother has to do with the use of residential care. For both residential care in general and foster care in particular, there is a moderately strong tendency for these services to have been provided at a higher level to "high change" cases, but only for cases with older mothers (25 years and over) (see table 4.7).

Table 4.7
Provision of Foster care and Residential care by High Change/Low Change by Age of Mother

a) Young Mothers (25 years or less)

Indicator	Low Change Group	High Change Group	Statistical Values
Foster care weeks	$\tilde{x}=13$ (34)	$\tilde{x}=6$ (31)	$F=2.9$ $p<.10$
Residential care weeks	$\tilde{x}=14$ (32)	$\tilde{x}=6$ (31)	$F=3.4$ $p<.10$

b) Older Mothers (over 25 years)

Indicator	Low Change Group	High Change Group	Statistical Values
Foster care weeks	$\tilde{x}=11$ (71)	$\tilde{x}=24$ (137)	$F=4.2$ $p<.05$
Residential care weeks	$\tilde{x}=12$ (68)	$\tilde{x}=29$ (126)	$F=4.08$ $p<.06$

The indication in table 4.7 is clearly that the care variables in question are positively related to high perceived change, but only for families where the mother is over 25 years in age. For families where the parents are younger, this relationship is reversed.

When families receiving welfare were compared to non-welfare families, the care variables noted above showed a moderate-to-strong positive relationship to perceived change for non-welfare families only. The same is true for hours of programming focused on the children (see table 4.8).

Table 4.8
Change scores on Behavioural/Emotional Problem (Child) Index by Selected Indicators by Welfare/Non-welfare

a) Non-welfare Families

Indicator	Low Change Group	High Change Group	Statistical Values
Total hours of service from worker	$\tilde{x}=27$ (33)	$\tilde{x}=65$ (77)	F=6.4 $p<.02$
Weeks of foster care	$\tilde{x}=9.2$ (44)	$\tilde{x}=24$ (100)	F=2.3 $p<.10$
Weeks of residential care	$\tilde{x}=8.9$ (42)	$\tilde{x}=28.3$ (95)	F=4.0 $p<.06$
Hours of child focused program	$\tilde{x}=57$ (46)	$\tilde{x}=204$ (107)	F=3.7 $p<.05$

b) Welfare Families

Indicator	Low Change Group	High Change Group	Statistical Values
Total hours of service from worker	$\tilde{x}=109$ (46)	$\tilde{x}=95$ (64)	F=.13 $p>.70$
Weeks of foster care	$\tilde{x}=14$ (64)	$\tilde{x}=16$ (79)	F=0.2 $p>.65$
Weeks of residential care	$\tilde{x}=17$ (61)	$\tilde{x}=22$ (73)	F=.43 $p>.50$
Hours of child focused program	$\tilde{x}=79$ (69)	$\tilde{x}=97$ (84)	F=0.4 $p>.50$

The data in table 4.8 suggest the possibility that families living in poverty may be able to absorb relatively high amounts of support while exhibiting less change than other families. The data presented above, as well as that presented in prior sections indicate that when parent-child or child problems are complicated by poverty, low neighbourhood resources, etc., the provision of a range of supports may contribute less to perceived change than when such extenuating stresses are absent.

4.3.4 The Poor, Low Functioning Parent Index

The Poor, Low Functioning Parent (PLFP) index change scores were categorized using 51% as the cut-off. Clients with a change score of 51% or less were categorized as "low change" cases, and the rest were considered "high change" cases.

Three potential intervening variables were considered in the analysis. Each has a weak (p<.15) relationship to the dependent variable:

1. Clients receiving welfare may be less likely than chance would predict to appear in the "high change" category.
2. Clients in the "high change" category may have lower average scores on the Behavioural/ Emotional Problem (Child) index.
3. Clients in the "high change" category may be clients who average lower base scores for the PLFP index.

The uncontrolled analysis of relationships between perceived level of change on the PLFP index and the full range of support and program service variables produced a number of statistically significant relationships in a direction that differed from what we found for the indices discussed earlier. As table 4.9 illustrates the following were present in higher levels for the low change group at a strong level of statistical significance (p< or =.05):

- number of educational supports
- number of advocacy supports
- number of other professionals named as support providers
- number of programs focused on parent(s) and child(ren) together.

Table 4.9
Relation of Various Support & Program Service Variables to Change on the Poor, Low Functioning Parent Index

Indicator	Low Change Group	High Change Group	Statistical Values
# of educational supports	$\tilde{x}= 3.8$ (152)	$\tilde{x}= 3.3$ (140)	F=4.0 $p<.05$
# of advocacy supports	$\tilde{x}= 1.65$ (153)	$\tilde{x}= 1.31$ (141)	F=5.7 $p<.02$
# of other prof. providing support	$\tilde{x}= 2.19$ (150)	$\tilde{x}= 1.62$ (140)	F=6.4 $p<.02$
# of programs focused on parents and child(ren)	$\tilde{x}= 0.65$ (159)	$\tilde{x}= 0.40$ (143)	F=4.7 $p<.05$
Weeks of foster care	$\tilde{x}=12.43$ (147)	$\tilde{x}= 21$ (133)	F=3.1 $p<.08$
Hrs of program. focused on mother	$\tilde{x}=81$ (159)	$\tilde{x}=153$ (143)	F=3.1 $p<.10$
Hrs of social/ recreation program	$\tilde{x}=14$ (159)	$\tilde{x}= 47$ (143)	F=3.5 $p<.10$

At a weaker level ($p<.10$), the same relationship prevailed for the average total number of supports, with more being indicated for the low change group.

Three variables showed a positive association with perceived change on this parent index, with higher levels of support or service indicated for the "high change" group. These were:

- average weeks of foster care provided
- hours of programming focused on the mother
- hours of programming with a recreational or social focus.

When further analysis was conducted controlling for problem severity, the negative associations noted above pretty well disappeared. The most probable interpretation for these findings, therefore, is that this index may be unlike the previous ones in that higher levels of certain services are provided to high problem cases and these, in turn, tend to be in the group exhibiting low perceived change. Given that the index describes clients with a profile which includes poverty and low functioning, and since this is not dissimilar from descriptions in the literature of families which can absorb large amounts of support without changing, our findings are no surprise. This index may simply be identifying clients who, at high problem levels, require a lot of services to simply maintain themselves.

Weeks of foster care and residential care were the main exceptions to this apparent trend. Within the high problem category only, both were provided at significantly higher levels (p< or =.05) to the "high change" group. Another possible exception with weaker support (p<.10) was hours of program support provided to the mother, which was also higher for the "high change" group only within the high change category (see table 4.10)

Table 4.10

Scores for Three Indicators by High Change/Low Change on the Poor, Low Functioning Parent Index by Problem Severity

a) High Problem Severity

Indicator	Low Change Group	High Change Group	Statistical Values
Wks of foster care	$\tilde{x}$= 8.45 (37)	$\tilde{x}$= 49 (34)	F=6.9 p<.02
Wks of residential care	$\tilde{x}$=12.5 (35)	$\tilde{x}$= 48.5 (30)	F=4.4 p<.05
Hrs of program focused on mother	$\tilde{x}$=73 (41)	$\tilde{x}$=240 (36)	F=2.9 p<.10

b) Moderate Problem Severity

Indicator	Low Change Group	High Change Group	Statistical Values
Wks of foster care	$\tilde{x}$= 17.4 (55)	$\tilde{x}$= 13.8 (40)	F=0.29 p>.50
Wks of residential care	$\tilde{x}$= 20 (52)	$\tilde{x}$= 18 (38)	F=.11 p>.70
Hrs of program focused on mother	$\tilde{x}$=131 (62)	$\tilde{x}$=233 (43)	F=1.4 p>.2

c) Low Problem Severity

Indicator	Low Change Group	High Change Group	Statistical Values
Wks of foster care	$\tilde{x}$=10.06 (47)	$\tilde{x}$= 10.25 (57)	F=.002 p>.95
Wks of residential care	$\tilde{x}$=24 (45)	$\tilde{x}$= 12 (54)	F=1.3 p>.25
Hrs of program focused on mother	$\tilde{x}$=25 (48)	$\tilde{x}$= 49 (62)	F=1.7 p>.15

Controlling for problem severity on the Behavioural/Emotional Problem (Child) index provided some evidence that weeks of foster and residential care are associated with high change on the parent index only within low problem cases on the child index. Controlling for whether or not clients are on welfare provided little evidence of any interpretable patterns.

The main point to be made with respect to this index is that it may describe a subgroup of clients where services are seen as being provided in response to problem severity but are not generally seen as contributing to change. Foster care and other forms of residential care may be an exception, but even this seems limited to cases where the child's behavioural/emotional problems are not too severe.

4.3.5 The Low Income, Unstable Neighbourhood Index

The five items comprising this index include such neighbourhood features as transiency, high incidence of rental accommodation, dangerous housing, high incidence of boarding accommodation, and exposure to antisocial influences. Not surprisingly, the amount of change recorded for families on this index was generally low, with the cut-off (median) score for differentiating low change, from high change cases being 22%. Thus, for most cases, change on only one item would be enough to place a family in the "high change" category.

The potential intervening variable with the strongest relationship to low change/high change on this index was whether or not the family was receiving welfare. Welfare families were over-represented in the "low change" category ($p<.003$). Weaker associations ($p<.15$) were found with the Behavioural/Emotional Problem (Child) index, where the low change group tended to have higher scores on the child problem index, and with community size. With respect to the latter, the suggestion is that the low perceived change group tended to be located in large communities, while, conversely, the high change group tends to be located in smaller centres.

In the uncontrolled analysis of program services and supports, only the care variables emerged as being significantly related to perceived change on the low service, low support neighbourhood index:

- Average weeks of residential care in general was higher in the high change group ($\tilde{x}=26.9$ compared to $\tilde{x}=15.14$ for the low change group; $F=3.9$, $p<.05$).

- Average weeks of foster care was also higher in the high change group ($\tilde{x}=22$ compared to $\tilde{x}=12.24$; $F=4.6$, $p<.04$).

When controls for problem severity on the Behavioural/Emotional Problem (Child) index were included in the analysis, the care variables showed little if any relationship to perceived change within different levels of problem severity. A probable explanation for this is that there is a greater likelihood of children being taken into care when there are serious behavioural/emotional problems present, and use of care could contribute to perceived change on the index in question because of the item noted earlier having to do with exposure to antisocial influences.

Several additional variables emerged which indicated a higher level of support provision being associated with high perceived change within the high child problem category only. Using a significance level of $p<.05$ as the criterion, the list of such indicators includes:

1. a count of the number of items dealing with treatment contracts which the worker responded to by indicating that particular contracting procedures had been followed
2. the number of collaterals contacted
3. the number of different supports provided by the worker
4. the number of volunteers involved
5. the number of different supports (from all sources) indicated for the case.

Results such as these are difficult to interpret with confidence and require more in depth study. One speculative interpretation is that cases with high child problems attract a more proactive approach from the worker and that this, in turn, is seen as having an impact on items from the index.

Additional analyses using controls for whether or not the family was on welfare did not produce findings of interest beyond what has already been noted -- that welfare families are proportionately more likely to be in the low perceived change group.

Controls for community size produced a series of statistically weak relationships exhibiting a consistent pattern that may be suggestive. Generally, for a number of support and program service variables there is a weak negative association with perceived change in communities with a population of 100,000 or more. For smaller communities, these relationships remain weak but are reversed (i.e. they are positive). The list of variables for which this is the case includes: weeks of day care or day foster care, number of social integration supports provided, total number of supports provided, total number of programs provided and number of hours of programming focused on the mother that were provided.

4.3.6 The Low Service, Low Support Neighbourhood Index

The items comprising this index, as the title implies, include six items which have to do with access to baby-sitting, recreation, peers and other services. The median change score on the index was 51%.

A number of independent variables are related to change on this index. Such findings, however, cannot be meaningfully interpreted because the arguments become somewhat tautological. The only conclusion to be drawn is that provision of services and supports leads to a reduction of problems with limited services and supports. This may be reassuring, but it is not a finding that requires elaboration.

4.4 CONCLUSIONS

As is apparent from the detailed discussion above, we believe there is evidence for several general conclusions:

1. that a 'high support' approach is associated with perceived change as indicated by progress toward goals and change on problem indices
2. that the association just noted is most relevant at moderate and high levels of problem severity
3. that different support strategies have different impacts on different types of problems
4. that, as an outcome, use of foster care seems not to be reduced when high levels of support are provided; as a treatment, foster care is associated with positive change in a number of problem areas
5. while separation strategies such as care are seen as powerful interventions in general, their impact may not be as great with single parent families or with the families of younger parents
6. that there is a subgroup of families who can absorb high levels of support without being seen as changing; whatever else may serve to define such families, the main associations apparent from our data were with indicators of poverty.

It is interesting to note that each of the general outcome categories has a different apparent relationship to the support and service indicators. With respect to care, for example, we found no evidence that high levels of support and nonresidential program services are associated with a reduced use of alternate care. Respecting perceived movement toward particular goals, we were able to identify general types of goals where high levels of support were associated with perceived change. These associations were most clear at moderate to high levels of problem severity, and were sometimes limited to families with no teenagers-at-risk. Finally, change on the problem indices bears some apparent relationship to high levels of support, especially to foster care services. Again, this is often clearest at moderate or high levels of problem severity. Also, the association of these outcomes to supports indicates a differential impact of residential and nonresidential supports mediated by intervening variables such as family structure, economic resources, neighbourhood variables, the ages of the parents and the children, and problem severity.

As a final summary note, we wish to indicate the major apparent trends which the detailed analysis in preceeding sections contains:

1. High support relates to high perceived change
    - toward improved parenting
    - toward improved familial relationships
    - toward better homemaking
    - toward improved child functioning.
2. High perceived change on the parent-child relationship index is associated with
    - foster care
    - day care and day foster care
    - a positive relationship with the worker
    - various nonresidential program supports.
3. High perceived change on the antisocial child behaviour index is associated with
    - a neighbourhood context which provides access to services and supports
    - the use of care
    - hours of service provided.
4. High perceived change on the behavioural/emotional child problem index is associated with
    - use of care
    - total hours of service
    - nonresidential program supports.
5. High perceived change on the poor, low functioning parent index bears some apparent positive relationship to use of day care and, perhaps, some nonresidential program variables. In general, however, high levels of support seem not to impact on the problems from this index.

Many of the relationships indicated above are very much affected by intervening variables such as problem severity, family economic circumstances, family composition, age of parents and so forth:

- There are instances where nonresidential supports are associated with high perceived changes for cases at a low level of problem severity, while residential programs such as foster care are associated with positive change for high problem cases.
- There are also instances where high perceived change is associated with both residential and nonresidential supports, but only for cases which are not on welfare, or families that are not 'high problem' with respect to the neighbourhood insufficiency indices. Also, our findings associate a high support effort with low change on the index which measures a combination of poverty and low functioning in the parent. What these separate findings indicate is that there is, as expected, a subgroup of families which can absorb considerable amounts of support without exhibiting much change. Our data indicate that whatever else may characterize such families, a major feature is that their problems are complicated by the additional stresses that poverty and low resource neighbourhoods imply.
- Family circumstances, other than poverty, may also intervene between supports and outcomes. For example, the association between use of care and change on the two child dysfunction indices may be true for two parent families but not for single parent families or for families with older parents more than for those with younger parents.

CHAPTER 5

RESULTS: PROGRAM CASES

5.1 FAMILY SUPPORT PROGRAM INTERVENTIONS

5.1.1 Introduction

As the interest in alternatives to child placement and in prevention has increased in recent years, there has been a greater involvement in different ways of intervening with a child welfare population. The implications of a family support as opposed to a child protection emphasis in the child welfare field have become topical considerations. There has been an ongoing debate in child welfare about the effectiveness and the potential of family support programs. In general, there remains a lack of systematic information collection and sharing as well as an overall confusion about the nature of prevention and family support interventions.

Nonetheless, a wealth of direct experience in family support programming has accumulated in child welfare organizations in Ontario over this period. It is the researchers' opinion that family support programming should no longer be thought of as unexplored territory in the Ontario child welfare system. What is clearly lacking is an analysis of this rather substantial experience in family support. Child welfare practitioners and policy makers can benefit substantially from a better understanding of the nature and the impacts of these efforts at family support. The family support program review component of this research project is intended to be a beginning step in this important investigation.

This review of formal family support programs in Ontario children's aid societies had several major purposes:

- to begin to describe the range of family support program options currently in operation in the children's aid societies

- to describe the development, operation and clientele for a sample of some of the major family support program options in these societies

- to provide a beginning analysis of the benefits of this sample of family support programs for program participants

- to abstract from this program analysis, guidelines and issues for policy makers and direct service professionals interested in replicating or improving upon these family support program options

- to identify some important areas for future work concerning family support in child welfare.

Eight family support programs were reviewed in the context of this research project. An attempt was made to select these programs on the basis of three criteria:

1. the program was involved with a major client grouping within the child welfare population

2. the program was judged to be a popular or theoretically important program alternative within the child welfare delivery system

3. the program provided a variety of supports to participants and at levels higher than typically received in a regular child protection case.

Information was collected on the programs in several ways. For each program, there was a review of available program documentation supplemented by a series of key informant interviews. In addition, a lengthy review of a representative sample of each family support program's cases was completed. The program case reviews were carried out in the same manner as the review of non-program child protection cases.

In interpreting the information presented in the following program reviews, it will be important to keep certain qualifications in mind. These caveats will be particularly relevant during the discussion of the benefits to families participating in these family support programs. These program reviews should not be thought of as equivalent to formal program evaluations. There are several major differences. In these reviews, no attempt was made to assign families to program and comparison groups. The period of time covered by the review and the numbers of families in each program sample are less than would be the case in a more careful program evaluation. The review of cases for each program represents basically an investigation of one cohort of families rather than a study of several groups of families participating at different times in the program.

However, the research design and the methods used for these program reviews do have some definite advantages. The information gathered on each program was based upon an extensive review of the avilable literature and research evidence on family support programs (Canadian Sociotelic Limited, 1983, pages 77-106). This prior work permitted the generation of a number of research questions to guide this investigation and provides a good base of evidence against which to compare these results. Second, the research design incorporated a large sample of child protection cases drawn randomly from 16 Ontario child welfare agencies and eight family support programs. The program samples usually represent most of the families involved in the programs and must certainly be considered representative of each program for the time period covered by the study. The large sample also permitted the definition of a variety of comparison groups with which to compare and contrast the program sample. Third, a substantial amount of information was gathered on each case reviewed covering three separate points in time. The total time period covered by these case reviews ranged from four to eight months. Finally, the research methods provided several opportunities to investigate indirectly the reliability and validity of these measurements. The results of these analyses have been generally encouraging.

In the opinion of the authors, the program reviews in this section represent a clear step forward concerning the quality of information available on family support program interventions in the Ontario children's aid societies. We think that this section provides useful and credible beginning information on these family support programs. In addition, this research on family support programs was exploratory in the true sense of the concept. The work was intended to provide basic information, generate insights and raise issues. From this perspective, this exercise has been quite satisfying.

5.1.2 Organization of the Chapter

The rest of this chapter presents the results for each of the eight family support program reviews. Each program is discussed in terms of the following elements:

- program administration
  - program philosophy and rationale
  - program development and management
  - program staffing
  - program costs
- program participants
- program services
- program impacts

In conducting this analysis, it became apparent that the eight family support programs could be profitably grouped into four logical categories. This procedure facilitates the comparison of similar programs within each category as well as allowing a more general discussion across these programs. The four program categories are:

1. peer group programs with parents
2. homemaker programs
3. after school programs with adolescents
4. child management programs.

Each of these program categories will be discussed separately. The chapter concludes with an overview of the salient features and issues coming from the review of all eight family support programs.

The conclusions from these reviews cannot properly be generalized to other family support programs of the same type. For example, positive or negative conclusions about the self-help program or the child management programs will not necessarily be valid for other programs of the same type. Indeed, one of the major observation from these reviews is that programs of the same type can vary greatly both in their programming parameters and their case impacts.

5.2 PEER GROUP PROGRAMS WITH PARENTS

5.2.1 Self-Help Program: Kapuskasing Family and Children's Services

5.2.1.1. Philosophy and Rationale

In response to the adoption of a prevention policy document by the Board of Directors of the Children's Aid Society in May, 1982, agency personnel searched for an approach to prevention that would focus upon high-risk families with younger children. There was an expressed interest in involving both mothers and their children in this initiative. Aided by a review of the literature, agency management opted for a self-help approach to working with these families. A self-help group for the women and a parent-assisted day care was seen as an appropriate approach to working with clients who were considered to be poor, isolated and low functioning. At the time, these families were considered to be a relatively "high risk" portion of the agency's child welfare population. The self-help approach was designed to respect the principles of group autonomy, membership development and a multi-faceted approach to helping. The day care component was supposed to facilitate positive parent-child interaction and the early detection of child difficulties.

5.2.1.2. Development and Administration

The program started simultaneously in two area offices in separate municipalities. While both programs clearly remained within the self-help framework, the pattern of the development of each was different, as were many characteristics of each program. This points to a central element of the self-help approach of particular concern to child welfare organizations. Self-help groups take time to evolve and require autonomy. It is difficult to predict with any precision the outcomes of this process. The development process cannot be clearly under the control of the agency. As shall be seen, these elements of the self-help approach can be a cause for concern if not clearly understood in relation to the requirements of the child welfare organization.

In one location, the self-help group began as a result of the initiative of a child protection worker in gathering together ten agency clients for a weekend to discuss the idea. In the second location, the initiating agency manager hired a group animator/coordinator who then spent considerable time getting a small group of five clients together and elaborating a program proposal. The roles of the program coordinators appear to have evolved differently in the two locations. In one setting the emphasis is on program coordination and in the other on group leadership/animation. Both coordinators expressed ambivalence and ambiguity concerning their respective responsibilities to the agency and to the self-help group.

It seemed to the research team that the evolved roles and responsibilities of either of the program coordinators were not what participants might desire should they be able to distance themselves from their tasks and consider where the self-help group should be headed. Indeed, our judgement was that the groups had not evolved to the point where important issues were generally recognized. Most importantly, these program reviews have convinced the researchers that these issues can easily place, what otherwise appear to be very promising initiatives, in jeopardy.

Issues such as the proper relationship between the agency and the self-help groups, referrals by child protection workers, to the groups as well as case monitoring and reporting came out of this review as important concerns. The primary identity of the program coordinators as agency employees or group members/leaders remains unclear. Should the coordinators be considered as permanent program directors or as group developers with a time-limited contract with these particular groups? For how long should a child welfare agency fund a self-help group? As will become apparent in the balance of the discussion, these are very important questions to address if this relatively untried self-help approach is to become useful and accepted generally in child welfare settings.

In light of this program review and those to follow in this chapter, there is a strong case to be made for the position that a family support orientation in child welfare requires the building of a program and community development potential within the child welfare sector. This is a challenge which will be discussed in greater detail later in this report. In terms of the self-help program, a good case can be made from this program review that the program coordinators be considered explicitly as agency employees with family support program and community development responsibilities. These should extend not only to this particular program but to the general requirements of the agency's child welfare population and child protection personnel.

Both program coordinators described major difficulties in interesting child protection workers in the program. This basic issue was not resolved at the time of this review. While about half of the participants in the self-help program previously had contact with the child welfare agency, only 12 cases (open or closed during the past year) from the caseloads of the agency's 14 child protection workers had any involvement with the self-help program. Seven of these cases were from the caseload of one child protection worker. Here is dramatic evidence of a consequence of not addressing the issues raised in the previous paragraphs.

It is difficult to see how a self-help approach can be designed to meet the major concerns or the immediate needs of child protection workers responsible for 20 to 30 family cases. Child protection workers cannot control the interventions of the group, and practical procedures for referrals, monitoring and reporting are not easily designed. These concerns from child protection personnel had to be addressed by each of the remaining seven family support programs reviewed for this study. From the agency's perspective, the question of whether to invest resources in a family support approach that does not respond to the immediate frustrations of child protection workers needs to be answered. The importance of this last question is augmented by the observation that the self-help program is addressing relatively long term support needs of participants.

These concerns have to be balanced by the evidence presented below of the apparent benefits of the self-help approach and its relevance to an important stratum of the child welfare population. A way out of this impasse is to view the child welfare agency's role to be that of group initiator and developer, and to accept that the final ambition of a self-help group should be autonomy. Of all the programs studied, the self-help program presents most clearly the challenges a family support orientation can pose to traditional methods of working and organization in child welfare.

5.2.1.3. Self-Help Program Staffing and Costs

Table 5.1
Self-Help Program Direct Costs and Staffing
1983-84 (1)

Budget:
a) location 1: $31,000 (salaries=$21,692)
b) location 2: $30,085 (salaries=$21,791)
Total : $61,085

Participation:
a) location 1: 36 mothers
(20 mothers active with 50 children)
b) location 2: 31 mothers
(23 mothers active with 42 children)

Average Duration of Participation (2):
unknown, estimated one to two years

Direct Program Cost per Participant Family per Year:
a) location 1: $861.11-$1,500.00 (n=36 & 20 respectively)
b) location 2: $967.74-$1,347.83 (n=31 & 23 respectively)

Cost per Case Episode (3):
a) location 1: $861.11 (one year) - $1,722.22 (two years)
b) location 2: $967.74 (one year) - $1,935.48 (two years)

Program Staff
a) location 1: program coordinator (24 hrs/wk)
day care worker (17.5 hrs/wk)
b) location 2: program coordinator (17.5 hrs/wk)
two early childhood educators
(six hours/wk each)
one infant stimulation staff
(six hours/wk)

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(1) Direct program costs in this study were calculated from available program documentation and information supplied by program informants. These estimates are intended as useful approximations for the purpose of comparisons across these eight family support programs.

(2) It was not possible to establish an average case duration since many of the original program participants were still actively involved.

(3) In order to increase comparability with the other programs reviewed, the higher estimate of total number of families served were used for these estimates (67 families in total).

The direct program costs for the self-help program are low to moderate in comparison with the other seven family support programs reviewed. Key informants commented that the self-help program was meeting the needs of participants for social integration and mutual support and that many of these families may require such support over fairly long periods of time. They were also of the opinion that the best size for such groups was between 15 and 25 active women. Their estimates suggest a need not only for a self-help group but for self-help groups. At the time of this review, $56,000 of the direct program budget was provided by the child welfare agency. To the researchers, these calculations suggest once again the appropriateness of a community development approach to self-help groups. There is a risk that child welfare professionals may decide that long term support to initiatives such as the self-help program does not serve their own best interests. Yet such a decision would eliminate an apparently broad and powerful way of helping from consideration in child welfare. To become a major program option, the problems of self-help group development and autonomy will have to be solved.

Although key informants commented on the high demands program involvement made upon their time and energies, there was generally an expression of high job satisfaction. Job satisfaction seemed to be related to strong beliefs in the self-help approach, positive feedback from group members as well as the challenge and variety of the job. Generally, key informants, in most of the programs reviewed, expressed high job satisfaction for similar reasons.

The self-help program was similar to the other programs reviewed in another important aspect. There was a lack of the most basic program information. Simple information such as the numbers of families involved, the nature of the problems presented, average length of participation and program unit costs were not available in a usable format. Evaluation and comparative information was completely lacking. The 'state of the art' of these family support programs is that they begin and run on the initiative and the beliefs of proactive individuals. Yet they have evolved to the point where it is both possible and useful to move beyond this state of affairs.

5.2.1.4. Participants

Both program coordinators thought that participants in a self-help program should be a fairly homogeneous group. Commonalties in terms of class background, difficulties and sex enable members to feel at ease and for relationships to develop. Participation in the group activities must be voluntary. There was a general impression among key informants that these families represented relatively high-risk cases. Participants were described as being, for the main part, of limited education and with few job skills, low-income, in sub-standard housing, socially isolated and unsure of their abilities as parents and in their relationships in the broader community. In 1983-84, about 50% of the participants had been clients with the child welfare agency. All of the adult participants were women. In one group 100% and in the other 70% of participants were single parents. There was a shared concern about the impact male participation might have on such groups. Key informants observed that many participants began with low confidence and felt more at ease among women. The women in one group described their difficulties as financial hardship, parenting difficulties, low self-confidence,feeling lonely and frustration with being judged and stigmatized.

The earlier chapter on descriptive statistics indicates that these types of problems are very common for a large proportion of this child welfare population. These women are describing needs that all of us need to have satisfied in our lives on a continuing basis. Without some basic structural changes in the lives of these families, it seems reasonable to think of these families as requiring long term social support.

Table 5.2
Basic Demographics for the Self-Help Program

	Self-Help (12) *	Regular Cases(362)	Relative Ranking **
Age of children			
% infants	17%	25%	low
% preschoolers	67%	38%	high
% preadolescents	50%	48%	comparable
% adolescents	8%	37%	low
Average number of children	2.18	2.19	comparable
Mom under 25	31%	35.3%	comparable
Average age Mom	33	31	comparable
Average age Dad	33	36	comparable
Single parent	75%	52%	high

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* To permit comparisons with the regular cases, only the 12 cases with a previous history with the child welfare agency were used in this table. Twenty-three self-help program cases were reviewed in total.

** In order to facilitate the interpretation of this information a subjective rating by the researchers of the position of the program group in contrast to the comparison group(s) is given.

Table 5.3
Distribution of Children-at-Risk for the Self-Help Program

	Self-Help (12)	Regular Cases(362)	Relative Ranking
Age of children			
% infants	8%	16%	low
% preschoolers	67%	30%	high
% preadolescents	42%	31%	high
% adolescents	8%	32%	low

As noted by the key informants, a very high proportion of these families are headed by a single-mother. Most of the children in these families are preschoolers and preadolescents. It is important to note that a relatively high proportion of the children in these two age categories were perceived by the child protection worker as being children-at-risk. Given the caveat that only a small number of families have been referred to the program, the data from these tables and those to follow do suggest the self-help program is relevant to an important constituency in the Ontario child welfare population.

Table 5.4
Percentage of Cases Presenting Problems for the Self-Help Program

	Self-Help (23) *	Regular Cases (362)	Relative Ranking
neglect	41%	42%	comparable
child delinquence	9%	40%	low
physical abuse	32%	34%	comparable
emotional rejection	36%	32%	comparable
marital discord	13%	26%	low
parent delinquence	14%	20%	low-comparable
sexual abuse	4.5%	10%	low
failure to provide medical care	4.5%	9%	low
concrete material needs	9%	8%	comparable

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* These estimates are based upon program participants with a previous agency case (12) and those with none (11).

Table 5.4 indicates that the participants in the self-help program were considered as bringing many of the same presenting problems as the regular (non-focal program) cases in this data set. This is important because these calculations include group participants with no previous contact with the agency. In general, as shall be seen, this non-agency program group present fewer of the 'traditional' difficulties associated with a child welfare population.

Table 5.5
Comparison of Self-Help Program Cases on Problem Indices (average count)

Problem Index	Relative Ranking	Self Help Agency Cases (12)	Self Help Non-Agency Cases (11)	Same Agency (30)	Same Region	Non-Adolescents	Total Regular Cases	Total Program Cases
Inadequate Parent-Child Relationship	high-comparable	5.80	1.40	4.67	4.77	5.50	5.47	6.14
Antisocial/ Delinquent Behaviour (Child)	low	1.20	0.00	1.97	1.80	1.51	2.10	2.16
Low Income/ Unstable Neighbourhood	comparable-low	1.40	0.82	1.06	1.30	2.04	1.85	1.84
Client Motivation	comparable	2.60	2.80	2.23	2.50	2.31	2.43	2.53
Low Service, Low Support Neighbourhood	high	2.30	1.80	2.00	2.11	1.80	1.60	1.58
Poor, Low Functioning Parent	high	2.30	1.60	2.17	2.00	2.42	2.06	2.09
Behavioural/ Emotional Problems (Child)	low	1.15	0.00	1.40	1.30	1.39	1.71	1.70

Clearly, there are major differences between cases from the self-help program with a previous history with the child welfare agency and those that have none. Many more problems were presented by the agency sample. The agency cases presented comparable to high average problem counts on the following indices: inadequate parent-child relationship, low income/unstable neighbourhood, low service low support neighbourhood and poor low functioning client. The non-agency self-help sample was at a comparable level on only the low service low support index and the poor low functioning client index. In general, these cases do not incorporate high levels of child problems. The self-help program is intervening in situations of individual and neighbourhood poverty, poor parent-child relationships and low functioning mothers. In relation to the non-agency self-help group, there remains a question concerning the point in time a child welfare agency wants to contact families. How immediate do the risks of family breakdown have to be? Finally, in terms of the self-help program participants, it is important to note that their ratings on the client motivation index are generally high. Relatively high motivation may be necessary for the self-help program option to be successfully organized.

5.2.1.5. Services

Both self-help program locations offer a variety of group activities for the mothers as well as a parent-assisted day care facility for their children. One major difference between the self-help group experience and all of the other groups in the family support programs reviewed for this study is that the self-help groups were not structured around a pre-determined curriculum. These self-help groups are not primarily teaching groups focused upon participants' dysfunctions but mutual assistance groups with a prime purpose of providing social support. The programming for the women in these self-help groups is multi-faceted. One of the two self-help groups provided the following description of group activities over a three month period:

- preparing for the June family camp
- self-defense workshop

- community activities (e.g. cross-country skiing and snowshoeing)
- participation at the International Women's Day activities
- crafts workshop
- cooking workshop (parent and child)
- last session of parenting course
- Easter supper
- publicity and preparing evaluation for 1984 subsidy
- complete the purchase of needed group material.

Group activities have been as diverse as raising money to send member families to camp, conducting a community theater presentation, visiting community resources and negotiating with various officials, hearing guest speakers and following structured courses on personal development and on parenting.

One of the most evident features of the self-help program is a strong sense of group loyalty and pride among active members. Also, one of the relatively unique features of this approach was the high levels of mutual support among participants extending to friendly visiting and emotional support outside of the scheduled program activities as well as the exchange of concrete services such as baby-sitting and temporary accommodation.

There is a strong emphasis on creating an atmosphere where the women can feel at home. "It is also important to have a place where people can just sit and have a coffee". Officially, there is an attempt to develop methods of planning and decision making such that the women develop a stake and interest in controlling group procedures. However, it was very clear to the research team that both program coordinators exercised great influence and played central leadership roles in the self-help program. There was little indication that the challenges presented by member and leadership development, the transfer of initiative and control from paid staff to group members and group autonomy had been clearly conceptualized or addressed.

There are no formal admission or exit criteria for the self-help program. Any (single) woman who wants to join can participate. Recruitment is mainly by word of mouth, by local publicity and through public activities. While in the past about 50% of group participants came from the child welfare agency, this no longer appears to be the case. Indeed, as suggested above, relationships between the agency with its child protection professionals and the self-help program need to be clarified.

"All of the activities are intended to contribute towards a greater sense of (member) competence and capabilities and towards increasing their skills". Key informants suggested that these families' need for social support was ongoing and that it might take several years before some of these women developed enough self-confidence and skills to function independently in the community. They also suggested that as the group became successful and developed a spirit of group cohesiveness, it became more difficult for newcomers to feel at home. Perhaps, over the years to come, either the child welfare agency or the self-help program should be thinking in terms of several rather than a single group of women.

The level of direct program contact provided by the self-help program is moderate to high in comparison with the other family support programs reviewed. The monthly average level of direct program contact is estimated lower for these cases than the two to three times weekly described by program informants. However, these latter estimates were for "active" members only. The substantial majority of program contact in these cases came from the self-help program. Collateral involvement with these families was very low. These cases had been open to the agency for about one year which was a relatively short period of time in contrast with the other focal family support program samples.

Table 5.6
Self-Help Program Basic Service Variables (n=12)

		Average	Standard deviation	Relative ranking
Total focal family support prog. hours		236.60	140.00	moderate high
Total all program hours		285.00	180.00	moderate
Number of focal prog. contacts per month	(m)*	5.55	2.50	moderate
	(c)*	5.33	2.07	
Time per focal prog. contact	(m)	2.60	0.50	moderate high
	(c)	2.67	0.52	
Total hours focal prog.contact/mth	(m)	14.43	----	moderate
	(c)	14.21	----	
Months case open since last opening		13.08	9.85	low
Number of collateral contacts		4.00	2.70	lowest

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* (m)= mother,
(c)= child.

5.2.1.6. Case Impacts

Self-help program key informants considered the following to be the major strengths and benefits from their self-help approach to family support:

- Self-help group members are satisfied with their involvement and proud of their efforts.
- Members have benefited in terms of greater self-esteem, social and life skills.
- The group facilitates both the giving and receiving of emotional and social support between members and the building of new friendships.

- There has been an increase in members' parenting skills, awareness of community resources.
- The self-help group has been recognized as a legitimate community association.
- The self-help approach has improved the child welfare agency's public image, especially with potential child welfare clients.

In interpreting the results from the following review of self-help program case impacts, one major caution is in order. While the case results are certainly representative of this program for the time period covered by the review, the low use of the self-help program by the child protection professionals makes firm conclusions about the relevance of this approach to the general child welfare population very difficult to draw. Nevertheless, these preliminary results are certainly encouraging enough to merit further investigation of self-help methods with a child welfare population.

It would not be proper to regard the placement of a child in these cases as a case failure. Indeed, the results from the previous chapter suggest that child placement can be used as a positive family support. Nonetheless, an express purpose of the family support programs reviewed for this research and of family support interventions in general is to prevent family breakdown or to facilitate the restoration of the family unit. It is therefore important to know how these programs are impacting on these objectives. Similarly, family support interventions have frequently been described as vehicles to reduce dependence upon child protection services and as a way to increase family independence. The information on case closures in these reviews can provide some indirect insight into the reasonableness of these expectations of family support interventions. However, as with child placement, it would not be proper to equate a continuing open child protection case as indicative of case failure.

Table 5.7

Care Indicators at the Time of the Initial Field Interviews for the Self-Help Program

	Relative Ranking	Self Help (22)	Same Agency (30)	Same Region (91)	Non-Adolescents	Total Regular Cases
Cases to care since last open	low	25%	53%	50%	46%	56%
Longest single time in care:						
less than 6 weeks		40%	6%	23%	30%	22%
6 wks-<6 mths	less	60%	63%	39%	39%	36%
6 mths-<1 yr	time	0%	25%	25%	14%	22%
1 yr and more		0%	6%	14%	17%	21%
Average total weeks in care	less time	8	23	29	27	30
More than one time in care	comparable	40%	60%	39%	42%	39%
All children returned home	high	80%	63%	58%	63%	52%

Table 5.8

Care Indicators at the Time of the Follow-up Case Reviews for the Self-Help Program

	Relative Ranking	Self Help (15)	Same Agency (30)	Same Region (91)	Non-Adolescents	Total Regular Cases	Total Program Cases
Cases open/transferred at time of follow-up	lowest	20%	54%	51%	67%	64%	59%
Placed since first field interview	low comparable	19%	21%	30%	22%	28%	20%
All children at home	highest	100%	75%	69%	83%	75%	72%

It seems quite clear from tables 5.7 and 5.8 that the self-help program compares very favourably on these care indicators. These estimates are based upon the total number of self-help program cases reviewed including those families with no prior contact with the child welfare agency. These numbers suggest strongly that fewer children from these families ever go to care and when children do go to care they spend substantially less time in care. A very high percentage of these families had all of their children at home. When tested for statistical significance, these basic patterns are substantiated. Fewer of these cases ever go to care (x^2=6.6, p=.01). More cases have been closed (x^2=11.67, p=.0029) and these cases spend less time in care (F=2.78, p=.09). Because of the high number of case closures and the small number of children going to care, significance tests on the remaining variables were not meaningful.

When these differences are looked at, for only those families in the self-help program with a previous affiliation with the child welfare agency, the patterns are comparable but not as strong. More cases are closed (x^2=2.9, p=.08) and these children spend less time in care (F=4.8, p=.03). A comparable number of these cases had gone to care since the case was opened (x^2=.016, p=.9). However, given the recent development of the program and the case open dates for many of these families, it is quite reasonable to expect that the bulk of this time in care was prior to these families' involvement with the self-help program. There was a suggestion of fewer children placed since the first interview (x^2=12.97, p=.0015) and more children at home (x^2=12.14, p=.0023) but given the high number of closed cases these latter two estimates are not very reliable. For the purpose of all of the above significance tests, the balance of the cases in the sample from the northern region (n=91) were used as the comparison group.

The results on these indicators suggest that the self-help program may be a very positive intervention in terms of preventing family breakdown, restoring family integrity as well as fostering family independence from the child welfare agency. However, it bears repeating that this research is not a controlled evaluation study. Perhaps the biggest caveat to generalizing these positive impacts is the small number of child welfare cases that have benefited from involvement with this self-help program. Yet clearly these results are encouraging enough to recommend further investment in an investigation of the self-help alternative and to wonder why it has not received wider experimentation within the Ontario child welfare delivery system.

Table 5.9

Percent Decline in Average Count on Problem Indices between Initial Research Interview and Follow-up Questionnaire for Self-Help Program

Problem Index	Relative Ranking	Self-Help Agency* Cases (12)	Self-Help Nonagency Cases (11)	Same Agency (30)	Same Region	Non-Adolescents	Total Regular Cases	Total Program Cases
Inadequate Parent-Child Relationship	high	78%	64%	29%	52%	51%	52%	46%
Antisocial/ Delinquent Behaviour (Child)	high comparable	65%	**	49%	59%	55%	59%	49%
Low Income/ Unstable Neighbourhood	high	56%	69%	38%	38%	24%	38%	13%
Low Service, Low Support Neighbourhood	very high	82%	86%	36%	51%	48%	42%	52%
Poor, Low Functioning Parent	very high	93%	100%	71%	72%	64%	66%	63%
Behavioural/ Emotional Problems (Child)	high	71%	**	47%	54%	48%	54%	48%

* only four cases supplied this information at the time of follow-up, making these comparisons tentative

** there were no problems indicated at the time of the initial interview

Table 5.10
Percent of Self-Help Program Cases Reporting Positive Change on the Problem Index Items at the Time of the Initial Research Interview

Problem Index	Relative Ranking	Self-Help Agency Cases (12)	Self-Help Nonagency Cases (11)	Same Agency (30)	Same Region	Non-Adolescents	Total Regular Cases	Compare between columns
column #	(1)	(2)	(3)	(4)	(5)	(6)	(7)	2 & 4
Inadequate Parent-Child Relationship	comparable	60%	37%	60%	50%	50%	48%	N.S.
Antisocial/ Delinquent Behaviour (Child)	comparable	61%	**	58%	50%	50%	51%	F=1.29 p=.26
Low Income/ Unstable Neighbourhood	comparable	22%	40%	38%	31%	28%	22%	N.S.
Low Service, Low Support Neighbourhood	high	63%	29%	33%	31%	42%	37%	F=2.99 p=.09
Poor, Low Functioning Parent	comparable	56%	31%	61%	50%	55%	54%	N.S.
Behavioural/ Emotional Problems (Child)	high	65%	**	41%	43%	41%	41%	F=3.5 p=.06

** There were no problems in this category at the time of the initial interview.

The pattern of positive change on these problem indices is quite different between the follow-up and the initial case reviews. These differences can best be explained by the high number of cases closed to the child welfare agency. If the not unreasonable assumption is made that the cases closed to the agency would have shown good to superior rates of change on these problem indexes, then it can be suggested that there were very positive rates of change on the problem indices for these self-help program cases. Certainly, the cases for which the information in table 5.9 was available at follow-up (two open, two closed) are doing very well. During the initial interviews, change rates on these problem indexes were largely equivalent to those for the comparison groups except for higher positive change for the self-help program on the low service, low support index and on the behavioural/emotional problem (child) index. It is not possible at this time to suggest which of these two profiles is the more accurate. The strongest areas of positive self-help program benefits may be in providing access to needed social support and on the problems of poor, low functioning mothers. There is also a suggestion of relatively positive impacts on children's problems. However, it must be stressed that a closer evaluation would be required before these results can be accepted with confidence.

Table 5.11

Average Change Scores for Major Goal Categories for the Self-Help Program

Goals	Relative Ranking	Self-Help Agency (12)	Same Agency (30)	Same Region	Non-Adolescents	Total Regular Cases
Improved parenting	comparable	3.00	3.09	3.09	3.04	3.0
Improved emotional climate in home	comparable low	2.50	2.90	2.60	3.06	2.94
Improved household management	comparable	3.00	3.10	3.07	3.00	3.02
Improved marital relations	low	2.60	3.44	3.29	3.07	3.01
Linkage with other resources	high	4.50	3.60	3.75	3.60	3.60
Return child home	N.A.	**	3.3	3.28	3.50	3.33
Improved child functioning	comparable low	2.50	2.25	2.84	3.20	3.02
Improved parent functioning	comparable high	3.43	3.35	3.36	3.11	3.07
Improved school performance	N.A.	**	3.25	3.0	3.40	3.22

** not a goal in these cases

The ratings in case goals were made by the child protection workers at the time of the initial case reviews. They represent a global change rating across all the items within any specific goal category. In the opinion of the researchers, these goal ratings are less specific and less discriminating than the ratings of change on the problem index items. The goal ratings in these program reviews are used basically to provide some substantiating evidence to the measurements in the problem indices.

For the self-help program, these goal ratings roughly confirm the patterns rated in the problem indices at the time of the initial case reviews. The overall pattern for the program cases and the comparison groups is similar. There is some weak evidence of superior performance in the areas of linkage with resources and parent functioning.

Table 5.12

Child Protection Worker Judgements Concerning Probable Final Disposition of the Self-Help Program Cases

FOLLOW-UP REVIEW	Relative Ranking	Self-Help Agency (15)	Same Agency	Same Region	Non-Adolescents	Total Regular Cases	Total Program Cases
Child will be in care	lowest	0%	0%	3.4%	6.2%	7.9%	10.5%
Child will be home and case open	lowest	6.7%	37.0%	27.0%	28.2%	27.1%	21.6%
Child will be home and case closed	highest	66.7%	18.5%	26.0%	26.0%	25.4%	30.9%
INITIAL REVIEW					Total Data Set		
Child will be in care	lowest	0%	5.8%	11.0%	14.3%		
Child will be home and case closed	highest	46%	35.0%	39.0%	34.7%		

Child protection workers were asked to predict during both reviews the final disposition of each case reviewed. In these program discussions, these judgements are not used to predict eventual case disposition but to estimate worker optimism concerning family breakdown and the need for ongoing involvement with the child welfare agency. From this perspective, these child protection workers (and the program coordinators) were more optimistic on every category than all of the comparison groups. These findings made it all the more imperative to understand the low use of the program by these same child protection personnel.

5.2.2 Family Skills Program: Kitchener-Waterloo Family and Children's Services

5.2.2.1. Philosophy and Rationale

The Family Skills Program is predicated on the belief that many of the problems presented by the clients of child welfare agencies result from a basic lack of parenting and life skills by parents. These difficulties are exacerbated by a lack of access to social support for these families. The family skills program rationale is that if such "under functioning" parents are provided with the opportunities to learn these skills and to practice their application in a supportive environment, the families' "ability to cope" will be significantly strengthened. As a result, the family skills program stresses a practical approach to teaching these skills in various small groups. More recently, there has been an effort to augment the self-help and community liaison components of the Family Skills Program.

There are two 'themes' that evolved quickly from the review of this program that remained consistent across the eight family support programs reviewed in this study. First, many of these programs are based upon a belief in an approach to helping. While a commitment to program objectives and methods are important to success, few mechanisms exist for sharing information about these efforts or for testing these beliefs. If the cooperation by program and agency staff in this research is a valid indicator, there is certainly an openness to this kind of sharing and debate. Each program approach was built upon a convincing rationale, yet the results from these reviews do not confirm the validity of each program's rationale. Without a beginning to collecting and sharing information on family support programs, there is no alternative to depending on the strength of the convictions and the initiative of the people who develop these programs. In general, there was a lack of basic information upon which to make decisions about these family support programs.

Second, it became apparent through these program reviews that it is quite possible for agency managers and even program personnel to 'misunderstand' their own program. Certainly, it is not uncommon for programs not to attain stated program objectives. However, there is another sense in which family support programs can be 'misunderstood'. In programs with varied approaches to helping and particularly those with a self-help or group component, it is difficult to predict or to carefully control the helping processes. These reviews suggest that positive program impacts and benefits can easily be other than those initially intended.

The specific objectives of the Family Skills Program included:

- to improve the practical parenting and social skills of "under functioning" parents, especially those with younger children
- to facilitate mutual support among participants and to assist in the development of their network of acquaintances and friends
- to prevent the removal of children from the home and/or to facilitate the return of children to the family setting
- to provide a mean of monitoring a few 'high risk' families.

5.2.2.2. Development and Administration

The Family Skills Program received its initial impetus from the director of a branch office in June, 1978. With the idea in mind of a program to improve parenting skills, a worker with group-work experience and another with a nursing and child care background were asked to design a 'home care' program. The initial target populations were 'chronic cases', young single mothers and people who did not respond to a counselling approach. A group format was suggested in order to increase the number of families that might be served.

The original focus of the groups was mainly on young mothers. The first groups met in participants' homes but later the program activities switched to a location in a hospital residence. Over time the program has evolved towards more variety and higher levels of support. To the earlier mothers' groups were added groups for couples and activities for children.

Originally, a basic structured curriculum was elaborated for the mothers' groups. An additional curriculum has been designed for a more intensive group experience over a shorter period of time. Volunteers now supplement the efforts of paid staff and the role of volunteers has expanded to include group leadership responsibilities.

Program key informants argued that management support was very important in the early stages of developing a program. It was also thought that there must be a good process of exchange between program and child protection personnel in order to overcome the inevitable early prejudices and concerns about the new approach. It proved necessary to explain and to re-explain the program as well as to "beat the bushes for early referrals". Early program interventions should be of high quality in order to be of value to child protection workers. Referrals increased as positive benefits from program involvement were recognized. The program came to be known as directly useful to child protection workers in the carrying out of their own jobs. Clearly, these program characteristics of the Family Skills Program are quite different from those of the Self-Help Program reviewed earlier in this chapter. It was argued that developing a program like the Family Skills Program requires a substantial amount of planning and effort. It was considered important not to rush the process and to consolidate small beginnings before expanding. Key informants emphasized the importance of securing a stable and adequate funding base for the program.

5.2.2.3. Staffing and Program Costs

Depending on the estimates of the number of program participants and average case duration used, the average direct program unit cost estimates in table 5.13 for the Family Skills Program are quite high among the family support programs compared in this study. As was typical for many of these family support programs, basic information, such as numbers of separate cases and average duration of program participation, were not available in a usable format. It was also apparent that there was no clear consensus among key program informants about exit criteria or how long families should participate in the Family Skills Program. However, there was a definite perception that the Family Skills Program was addressing long-term problems and needs for social support.

As will become increasingly apparent in these family support program reviews, differences in decisions or, perhaps more to the point, a lack of decision making about important program components (eg. types of cases accepted, exit criteria, case duration, etc.) translates quickly into major differences in average direct program costs. As a result, programs can be easily misunderstood and abused. The perception of the research team is that these family support programs have evolved as a result of the vision, the initiative and much hard work by important individuals. Yet, there remains for the research team a fear that otherwise valuable efforts may be distorted and even placed in jeopardy by a lack of basic elements necessary for understanding and decision making. Collecting such basic information is certainly not beyond the 'state-of-the-art' for family support programming in these child welfare agencies. Besides understanding individual programs, agency administrators also have an interest in deciding on what 'package' of family support programs would be best for their communities. Presently, it would be very difficult to make an informed decision about how to best invest limited family support resources.

Table 5.13
Family Skills Program Direct Costs and Staffing
1983-84

Budget	$78,800 ($58,200 salaries)
Participants	Basic Program 16 regular attendance (52%) 48 individual referrals 31 admitted
	Intensive Program 13 regular attendance (81%) 18 individual referrals 16 admitted
	Couples Group 9 couples reg. attendance (100%) 15 couples referred 9 admitted
	Support Group 5 regular attendance (42%) 12 individual referrals 12 admitted
	Friendly Couples Parenting Group 9 regular attendance 12 couples referrals
	Saturday Morning Activity Club 12 children participate regularly
Average cost per case a year	$2,717.24 (29 participants)* $1,291.81 (61 participants)
Average case duration	Program key informants suggested that long-term involvement is common and two years would be a good estimate
Average cost per case episode	$5,434.48 (29 participants for 2 yrs)** $2,583.61 (61 participants for 2 yrs)
Program staff	Program manager Program coordinator Sessional contract employees.

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* Calculation of unit costs is complicated by the fact that graduates of the basic program may be involved in one or more of the other program components. Our case reviews for this program suggest that the major program components are the basic and intensive components. For this reason, the participant estimates for these components are used to calculate costs for the purpose of cross-program comparisons.

** Given the lack of basic information, this is considered the best estimate for cross-program comparisons although it is likely a high estimate.

The manager who initiated the Family Skills Program considered that professional social work training was not a requirement for program personnel and that indeed such training might be a drawback. "Social workers don't have specific enough skills, are too expensive and too talk-oriented". This theme about different ways of helping and different types of helpers was reiterated across all of these family support programs. A family support perspective brings a broader conception of help and ways of helping to child welfare.

The personal attributes and life experience of personnel were considered to be the prime criteria in staffing such a program. In particular, a good combination of the following was sought: maturity, a variety of life experiences, patience, a practical approach to problem solving, ability to work with groups, ability as an adult educator, flexibility and a belief in the philosophy of family support. A mixture of skills and attributes in the program staff was thought to be desirable. At the time of this program review, the staff complement for the Family Skills Program included:

- Program manager (full-time). This person is responsible for managing the Family Skills Program in two area offices. She supervises the program coordinator and consults with the division director regarding program development. She also works directly with various program groups.

- Program coordinator (full-time). The program coordinator leads the Intensive Group, co-leads the Couples Parenting Group and is a resource person to the Friendly Couples group. She is responsible for weekly supervision of sessional contract employees and for holding case conferences with the child protection worker for each program case.

- Sessional contract employees (part-time). All sessionals must have previously been program volunteers. Ideally, they work between 15 and 30 hours per week (1984 Service Plan) and are responsible for co-leading the various program groups. They also transport program participants and undertake home visits with new referrals as well as participants in the Intensive Group.

- Volunteers. They begin by observing and taking part in a group with a program staff member. Gradually, they assume more responsibility in the group and are allowed individual contact with participants. Volunteers provide transportation, help to co-lead groups and work one-to-one with participants on parenting, home management and time management. An annual volunteer appreciation dinner is part of the calendar of events.

5.2.2.4. Participants

The Family Skills Program primarily serves women, although recently the focus has broadened to include group programs for couples and children. Key informants described many of the participating families for the Family Skills Program as having the following traits:

- the parent(s) is(are) young and the children are under ten years of age
- parents have little formal education and few employment skills
- many families are headed by 'single mothers'
- most families are poor and unemployed, receiving welfare or family benefits
- many of the parents themselves come from abusive or neglectful backgrounds
- many parents are experiencing difficulty in caring for their children. These are considered 'families-at-risk'
- many families have marital conflict or difficulties in male-female relationships

- many parents have poor homemaking and life skills
- many participants have low self-esteem and little confidence in their abilities
- parents are generally not 'verbal' and difficult to engage in a counselling process
- many of the parents resist change efforts and are reluctant to trust professionals.

Table 5.14
Basic Demographics of Participants in Family Skills Program

	Family Skills Program (22)	Regular Cases (362)	Relative Ranking
Age of children			
% of infants	13.6%	25.0%	low
% preschoolers	59.0%	38.0%	high
% preadolescents	36.0%	48.0%	low
% adolescents	27.0%	37.0%	low
Average number of children	2.24	2.19	average
Mom under 25	50.0%	35.3%	high
Average age Mom	29	31	comparable-low
Average age Dad	32	36	low-comparable
Single parent	55.0%	52.0%	comparable

Perhaps the most dramatic pattern apparent in table 5.14 and table 5.15 is that the child protection workers considered almost all of the children in these program families as being 'at risk'. Most of the children in these families are preschoolers and 50% of the participating women are under 25. Slightly more than half of the participants are single parents. The relatively high percentage of children-at-risk provides a first indication of the difficult challenges presented by these cases.

Table 5.15
Distribution of Children-at-Risk for Family Skills Program

	Family Skills	Regular Cases	Relative Ranking
% of infants	13.6%	16.0%	comparable
% preschoolers	54.0%	30.0%	high
% preadolescents	32.0%	31.0%	comparable
% adolescents	27.0%	32.0%	comparable

Table 5.16
Percent of Cases Reporting Presenting Problems for the Family Skills Program

	Family Skills (22)	Regular Cases (366)	Relative Ranking
neglect	59.1%	42.0%	high
child delinquence	31.8%	40.0%	low
physical abuse	27.3%	34.0%	low
emotional rejection	40.9%	32.0%	high-comparable
marital discord	36.4%	26.0%	high
parent delinquence	18.2%	20.0%	comparable
sexual abuse	13.6%	10.0%	high-comparable
failure to provide medical care	13.6%	9.0%	high
concrete material needs	13.6%	8.0%	high

The presenting problems provide a second indication that these clients represent comparatively difficult cases. In particular, presenting problems rated at case opening emphasized comparatively high incidences of problems of neglect, emotional rejection, marital discord, sexual abuse, failure to provide medical care and concrete material needs.

Table 5.17
Comparison of Family Skills Program Cases
on Problem Indices (average count)

Problem Index	Relative Ranking	Family Skills (23)	Same Agency (25)	Same Region (123)	Non-Adolescents	Total Regular Cases	Total Program Cases	Comparison Family Skills & Same Region
Inadequate Parent-Child Relationship	high comparable	6.80	5.67	6.20	5.50	5.47	6.14	N.S.
Antisocial/ Delinquent Behaviour (Child)	low comparable	1.82	2.25	2.30	1.51	2.10	2.16	F=1.9 p=.17
Low Income/ Unstable Neighbourhood	high	3.00	1.84	1.88	2.04	1.85	1.84	F=3.7 p=.06
Client Motivation	comparable	2.50	2.16	2.40	2.31	2.43	2.53	N.S.
Low Service, Low Support Neighbourhood	high	2.09	1.04	1.45	1.80	1.60	1.58	F=3.9 p=.05
Poor, Low Functioning Parent	high	3.17	1.90	2.10	2.42	2.06	2.09	F=4.9 p=.03
Behavioural/ Emotional Problems (Child)	low comparable	1.35	1.80	1.80	1.39	1.71	1.70	F=3.9 p=.05

Tables 5.17 and 5.18 provide the third indication of the relatively difficult challenges presented by these program cases. In particular, they presented comparatively high problem counts on the following indices: inadequate parent-child relationship, low income/unstable neighbourhood, low service/low support neighbourhood, and poor low functioning parent. These appear to be poorer multi-problem families. It is worthwhile noting that they present lower counts on the child problem indices. This is probably due to the younger ages of most of the children in these families.

Table 5.18
Percent of Family Skills Participants with No Problems Indicated on Problem Indices

Problem Index	Family Skills (23)	Regular Cases	Relative Ranking
Inadequate Parent Child Relationship	0%	5%	low
Antisocial/Delinquent Behaviour (Child)	32%	27%	comparable
Low Income/Unstable Neighbourhood	14%	25%	low
Low Service, Low Support Neighbourhood	14%	36%	low
Poor, Low Functioning Parent	14%	29%	low
Behavioural/Emotional Problems (Child)	32%	32%	comparable

In summary, the Family Skills Program sample presented a very high percentage of total children perceived to be at risk, significantly higher problem levels on neighbourhood poverty, individual poverty and low functioning, as well as a lack of support and service. The indicators on percentage of children considered at risk, the frequency of presenting problems, counts on the problem indices as well as the opinions of program key informants all concur that these families represent difficult challenges for the Family Skills Program.

5.2.2.5. Services

The small group is the primary mode of intervention in the Family Skills Program. Program key informants were consistently enthusiastic about the group format for teaching skills through a structured curriculum and for assisting learning and coping through mutual support, peer modeling and frienships.

However, the group method of helping was not considered suitable for everyone. In particular, it was not seen as useful for very hostile and resistant clients or for those with very low tolerance for groups. Attempts to use the approach with Portuguese women were not successful, reportedly because community and family values discouraged the women's participation. It is worth noting that despite the intensive efforts to link participants into the program's groups, only 52% of those accepted into the Basic Program participated regularly in 1983-84 (see table 5.13).

Home visits by volunteers or staff supplement the small group experience. These visits are intended to reinforce the group educational curriculum, to demonstrate specific skills and to encourage initial or continued involvement in the Family Skills Program.

Program participants are referred by child protection workers or from the agency's intake department. The referral form gives an overview of family history and the current situation. A program sessional worker and the child protection worker visit the family to explain the program. Sometimes additional visits by the sessional are required to encourage the parent's involvement in the Family Skills Program.

The parent(s) and the program worker collaborate to specify goals in the following areas: problem-solving, parenting, self-management, relationships, communication and home management. These goals form the basis for an informal contract between the family and the program. Regular case conferences are expected involving the child protection worker, her supervisor, the Family Skills Program coordinator and the program sessional worker. Formally, the child protection worker retains the responsibility and authority for case management, although the content of the Family Skills Program experiences remains fundamentally beyond her control.

In these family support programs, there were two issues that commonly had to be addressed to facilitate 'successful' program implementation and development. First, child protection personnel had to understand the family support program in terms of their own work pressures and frustrations. Second, child protection workers seemed to require that final authority over case planning and management remain with them. As seen with the Self-Help Program, in understanding and planning family support program interventions in child welfare, it is important to determine whether the basic nature of the program is such that it can serve the direct interests of child protection workers or whether a more autonomous program strategy is required. These issues will be discussed in more depth in the summary section of this chapter.

At the time of this program review, there were no formal exit criteria nor was there any definite timetable for involvement in the Family Skills Program. The average time the cases for the program sample had been open to the agency was almost two years (see table 5.19). The problem profiles for these families as well as the length of their involvement with the agency suggest that these families required long term support. As with the Self-Help Program, this apparent need for ongoing social support raises an important issue for the child welfare organization. Is it appropriate for the agency to pay for long term support to a small number of families? Program key informants saw clearly a need to expand the self-help and linkage with existing community resources components of the Family Skills Program. However, existing program demands left little time to work on these priorities. In the opinion of the authors, these concerns indicate once again the need for and the relevance of a program and community development capacity in child welfare. If family support is to be a priority concern then such a development capability becomes necessary.

The Basic Groups constitute the main entry point into the Family Skills Program. Small groups of six to eight mothers meet one afternoon a week for two hours from September to June each year. Informants estimated that about 50% of entrants completed the Basic Group program and that it was not unusual for some to participate in more than one session of Basic. A Basic curriculum has been developed including topics such as parenting, housekeeping, budgeting, communication, self-management, nutrition and relationships.

The Intensive Groups are based upon the rationale that in some chronic situations a very intensive effort is required to bring about positive changes or to learn that such change is not possible. Families in the Intensive Program are considered to be in relatively greater danger of having their children placed in care. An Intensive Group would have between six to eight members who would meet for four half days per week over a period of ten weeks. Each family receives an additional home visit each week. Mothers with partners also participate in the Couples Parenting Group. Intensive Group members are typically graduates of the Basic Program. The Intensive curriculum is comparable to the Basic curriculum with an additional emphasis on social skills.

The Couples Parenting Group runs three times per year with about six couples in each session. The groups meet one evening a week for ten weeks. The groups follow a structured curriculum that includes practical methods of child management, communication with children and relations with partners.

The Mom's Support Group was formed for graduates of the Basic or Intensive Groups who no longer required in depth skill teaching but still needed social support. Group members elect leaders and plan their own program. Attendance has varied between four and nine people.

The Friendly Parents' Group began when three couples from the Couples Parenting Group continued to meet for mutual support. At the time of this program review, group members tended not to be agency clients. Group members included five couples and one single parent. The group met once each week in the members' homes. Program informants considered this type of group to be potentially useful in "graduating" participants but had little time to invest in their development. Group members have invited speakers, raised money, developed a charter and organized a recreation program for themselves and their children. Informants also commented on the small size of the group and the tendency for such a group to become relatively closed to newcomers.

The Saturday Morning Activity Club, organized by the Friendly Parents' Group, meets regularly every other Saturday morning. The club organizes low cost recreational activities for parents and their children. About 12 children participated regularly.

In the cases reviewed for this study from the Family Skills Program, it was evident that the Basic and Intensive program components were the major interventions in terms of frequency and level of direct program contact.

Table 5.19
Family Skills Program Basic Service Variables

		Average	Standard deviation	Relative ranking
Total focal family support prog. hours		243.6	197.0	moderate high
Total all program hours		373.7	257.0	high
Average number of focal prog. contacts per month	(m)*	12.2	7.8	high
	(d)*	4.0	0.0	
	(b)*	4.8	0.0	
	(pc)*	2.5	2.1	
Average time per focal program contact	(m)	3.64	1.68	high-moderate
	(d))	2.0	0.0	
	(b)	2.0	---	
	(pc)	3.0	0.0	
Average total hours focal program contacts per month	(m)	44.34		high
	(d)	8.0		
	(b)	9.6		
	(pc)	7.5		
Months case open since last opening		21.5	13.7	moderate
Number of collateral contacts		6.86	3.31	high

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* m = mom (n=22)
d = dad (n= 2)
b = both parents (n=5)
pc= parent & child (n=2)

The level of direct program contact for the Family Skills Program is among the highest for the family support programs reviewed with many families receiving more than forty hours per month of direct program contact. These cases had been open to the agency an average of almost two years. While most of the formal program involvement in these cases came through the Family Skills Program, the level of other program involvement is higher than for the Self-Help Program. Also, it is apparent that the major emphasis of this program is support provided to the mothers in these families. The high level of collateral contacts suggests that the child protection workers have also been active in these cases. This observation receives further confirmation in table 5.20 which suggests that these cases have generally received high levels of support.

Table 5.20
Levels of Support Provided in the Family Skills Program Cases

	mean	S.D.	Relative Ranking
concrete	3.04	2.15	high
educational	5.00	1.41	highest
emotional	4.82	1.79	high-moderate
numbers of supports:			
by child protection worker	7.00	2.54	high
by focal program worker	3.32	2.01	high

5.2.2.6 Case Impacts

The outcome indicators for the Family Skills Program should be interpreted in light of the relatively high average ratings for this program sample on the presenting problems, the problem indices and the percentage of total children being at risk. By all of these indicators, these cases from the Family Skills Program present more difficult challenges than the major comparison groups.

Tables 5.21 and 5.22 show that care has been used in the Family Skills Program sample at levels comparable to the other case groupings. It is worth mentioning that while 64% of these cases have been in care more than one time since the cases were last opened, the average total time in care for these cases was about half of that for the major comparison groups. However, the difference in time in care between the Family Skills Program sample and the balance of cases from the region was not statistically significant (F=1.8, p=.18). In general, the Family Skills Program is comparable to the comparison groups on these care and case closure indicators.

Table 5.21

Care Indicators at Time of Initial Field Interviews for the Family Skills Program

	Relative Ranking	Family Skills (22)	Same Agency (26)	Same Region (123)	Non-Adolescents	Total Regular Cases	Comparison of Family Skills & Same Region
Cases to care since last open	comparable -high	64%	61%	57.6%	46%	56%	x^2=.14 p=.71
Time in care							
< 6 wks	less time	50%	38%	26.6%	30%	30%	
6 wks -<6 mths		29%	19%	33.9%	39%	39%	
6 mths-<1 yr		14%	19%	18.3%	14%	14%	
1 yr and more		7%	25%	21.1%	17%	17%	
Average total weeks in care	less time	16	27	36	27	30	F=1.8 p=.18
More than one time in care	high	64%	27%	37%	42%	39%	
All children returned home	comparable	64%	75%	59.4%	63%	52%	x^2=.01 p=.92

Table 5.22
Care Indicators at Time of Follow-up Case Reviews for the Family Skills Program

	Relative Ranking	Family Skills (22)	Same Agency (26)	Same Region (123)	Non-Adolescents	Total Regular Cases	Compare columns 2 & 4
Column #	(1)	(2)	(3)	(4)	(5)	(6)	(7)
Cases open/ transferred	comparable -high	77%	77%	64%	67%	59%	$x^2=2.1$ $p=.35$
Placed since 1st interview	comparable -high	28%	33%	25%	22%	20%	$x^2=1.3$ $p=.53$
All children returned home	comparable	78%	57%	75%	83%	72%	$x^2=1.5$ $p=.49$

Table 5.23
Percent Decline in Average Count on Problem Indices between Initial Research Interview & Follow-up Review for Family Skills Program Cases

Problem index	Relative Ranking	Family Skills (22)	Same Agency (26)	Same Region (123)	Non-Adolescents	Total Regular Cases	Total Program Cases
Inadequate parent-child relationship	high	57%	42%	48%	51%	52%	46%
Antisocial/delinquent behaviour (child)	high-comparable	64%	63%	55%	55%	59%	49%
Low income, unstable neighbourhood	comparable -high	28%	18%	15%	24%	38%	13%
Low service, low support neighbourhood	low	24%	23%	40%	48%	42%	52%
Poor, low functioning parent	comparable	64%	66%	56%	64%	66%	63%
Behaviour/emotional problems (child)	high	64%	53%	51%	48%	54%	48%

Table 5.24
Percent of Family Skills Program Cases Reporting Positive Change on the Problem Indices Items at the time of the Follow-up Review

Problem Index	Relative Ranking	Family Skills (18)	Same Agency (22)	Same Region (123)	Non-Adolescents	Total Regular Cases	Total Program Cases	Comparison between col. 2 & 4
Column #	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Inadequate Parent-Child Relationship	comparable -high	59%	51%	53%	51%	53%	51%	F=2.17 p=.14
Antisocial/ Delinquent Behaviour (Child)	comparable -high	60%	65%	57%	55%	57%	52%	F=.001 p=.98
Low Income/ Unstable Neighbourhood	low	16%	43%	29%	30%	25%	32%	F=1.01 p=.32
Low Service, Low Support Neighbourhood	low-comparable	39%	41%	50%	53%	48%	59%	F=.21 p=.65
Poor, Low Functioning Parent	comparable	64%	79%	61%	63%	64%	62%	F=.27 p=.60
Behavioural/ Emotional Problems (Child)	comparable -high	59%	49%	54%	52%	55%	53%	F=.28 p=.60

Tables 5.23 and 5.24 show that the positive change rates on the problem indices are comparable to good for the Family Skills Program sample. Yet as table 5.25 indicates, these program cases have remained quite needy families at the time of the follow-up case review. Their problems remain those of neighbourhood poverty and instability, individual poverty and low functioning as well as a continuing lack of access to support services and social support. There is some indication of a higher positive change rate on the inadequate parent-child relationship index.

Table 5.25
Count of Problems on Problem Indices at Follow-up Review for Family Skills Program

Problem index	Relative Ranking	Family Skills (18)	Same Agency (22)	Same Region	Non-Adolescents	Total Regular Cases	Total Program Cases
Inadequate parent-child relationship	comparable	2.9	3.3	3.23	3.06	2.8	3.3
Antisocial/delinquent behaviour (child)	low-comparable	0.65	0.84	1.03	0.68	0.87	1.1
Low income, unstable neighbourhood	high	2.17	1.5	1.6	1.56	1.4	1.6
Low service, low support neighbourhood	high	1.6	0.8	0.92	0.93	0.93	0.76
Poor, low functioning parent	high	1.13	0.64	0.93	0.87	0.7	0.78
Behaviour/emotional problem (child)	low	0.48	0.84	0.89	0.73	0.77	0.89

The ratings in table 5.26 of case goal attainment by the child protection workers for the family skills program sample confirms the measurements on the problem indices. The positive change rates in these cases are basically the same as for the comparison groups. There is some suggestion of higher goal attainment in the areas of marital relations, parent functioning and school performance.

Table 5.26

Average Change Scores for Major Goal Categories for the Family Skills Program Cases

Goals	Relative Ranking	Family Skills (23)	Same Agency (26)	Same Region (123)	Non-Adolescents	Total Regular Cases
Improved parenting	comparable	3.10	2.74	3.03	3.04	3.00
Improved emotional climate in home	comparable	2.80	2.30	2.90	3.06	2.94
Improved household management	comparable	2.85	2.40	3.02	3.00	3.02
Improved marital relations	high	3.29	2.40	2.98	3.07	3.01
Linkage with other resources	comparable -low	3.20	3.50	3.74	3.60	3.60
Return child home	N.A.	**	3.80	3.49	3.50	3.33
Improved child functioning	comparable -low	2.89	3.00	2.99	3.20	3.02
Improved parent functioning	high	3.50	2.56	3.08	3.11	3.07
Improved school performance	high	4.00	3.29	2.29	3.40	3.22

** not a goal in these cases

Table 5.27

Child Protection Worker Judgements Concerning Probable Final Disposition of the Family Skills Program Cases

FOLLOW-UP REVIEW	Relative Ranking	Family Skills (21)	Same Agency (26)	Same Region (123)	Non-Adolescents	Total Regular Cases	Total Program Cases
Child will be in care	high-low	14.3%	23.1%	10.2%	6.2%	7.9%	10.5%
Child will be home and case open	comparable	23.8%	15.4%	24.2%	28.2%	27.1%	21.6%
Child will be home and case closed	high	38.1%	30.8%	30.6%	26.0%	25.4%	30.9%
INITIAL REVIEW						Total Data Set	
Child will be in care	high	27%	12%	13%		14.3%	
Child will be in home and case closed	high	41%	23%	34%		34.7%	

The child protection workers were less optimistic about the Family Skills Program cases than for the Self-Help Program sample. Yet these workers were more positive about anticipated final disposition at the time of follow-up than during the initial case reviews. Workers see many of these families requiring continuing involvement with the child welfare agency. The rate of anticipated case closure and children in their own home was good for both time periods.

Program informants thought that the Family Skills Program increased participants' problem-solving ability, use of community resources, and improved their social relationships. Participants are considered generally to have improved their parenting skills and to have acquired more insight into their family relationships. There was a perception that involvement in the Family Skills Program reduced the frequency of child placement and the time children stayed in care. These latter expectations receive only very weak confirmation from this program review. There was an indication of less total time in care but the differences were not significant. Care has been used as frequently in these cases as in the comparison groups and th child protection workers estimated that this wil continue to be the pattern. The positive change rates on the problem indices and the goal ratings were essentially similar to the major comparison groups for the Family Skills Program sample. There was an indication that the major positive changes were in the areas of parenting and parent-child relationships, parent functioning and, to a lesser extent, child problems. There was clear evidence that these program families continue to need social support. These outcomes should be interpreted in light of the very high ratings of risk of abuse and neglect, as well as the high problem levels for the program sample. It can be argued that these 'higher risk' families are coping as well as the 'lower risk' comparison groups.

5.2.3 Summary of Peer Group Programs with Parents

When interpreting these program results, it is important to remember that they are based upon program reviews and not program evaluations. While these program reviews do permit the identification of differences between the program samples and major comparison groups, they do not 'prove' these differences are due to the program interventions. In addition, the measurements in the program reviews stress the occurrence of observable events and behaviours. These measurements would not be expected to capture subtle changes in people's feelings or competencies. Above all, these program reviews do not conclusively demonstrate an individual family support program's success or lack of effectiveness. The fundamental purpose of this study is exploratory; that is, to generate insights into the nature of family support in child welfare. Ultimately, we hope that these reviews provide information that will be useful to child protection and family support program personnel in understanding and improving their efforts at family support.

The Self-Help Program is organized around two groups working independently of each other in two different municipalities. About 20 women participate actively in each Self-Help Group. Besides activities for these mothers, each group has organized a parent-assisted day care service for their children. The philosophy of the program emphasizes an approach to program planning and implementation in which the women decide on priorities and "own" the group. The groups explicitly provide social support to these women and encourage mutual aid and socializing. These are not 'treatment' groups. Neither are the groups organized around a predetermined educational curriculum. Rather, activities have been varied including undertakings as diverse as camping, recreation and sports, giving community dinners, presenting a play, inviting guest speakers, social events, visiting community services, fund-raising, as well as following a parenting and life skills course. The women were proud of their accomplishments and loyal to their Self-Help Group. The groups are places where they can feel at home. Participants in the program have definite long-term social support requirements.

The Family Skills Program uses small groups to teach parenting and life skills to mothers. Mixed in with the emphasis on teaching, the groups provide a 'safe' environment for practising new skills and provide social support to participants. There are two major teaching options within the program. The Basic program groups have six to eight mothers (parents) each and they meet once a week for two hours, from January to July. Participants may take more than one session of Basic. The Intensive program groups, of six to eight mothers (parents), meet for four half days a week for ten weeks. Participants in Intensive are graduates of Basic. They also receive one home visit per week and, if living with a partner, participate in the Couples Parenting group one night a week. The curriculum for both groups includes topics such as parenting and child management, housekeeping, nutrition, budgeting, self-management, communication and relationships. The Family Skills Program has also developed several small support groups for 'graduates'; however, there has been a lack of time and resources to develop this aspect of the program. This program is also working with families with clear long-term needs for social support. The following table provides an overview of some of the basic parameters for the Self-Help Program and the Family Skills Program.

Summary Table 5.1
Parameters for the Self-Help Program and the Family Skills Program
1983-84

	SELF-HELP PROGRAM	FAMILY SKILLS PROGRAM
Direct costs:		
annual budget	$ 61,085	$ 71,800
cost/case episode	$ 1,800 (moderate to low) *	$ 2,583 to $ 5,434 (high to very high)
Staff	-2 program coordinators (half-time) -day care workers (part-time)	-program manager -program coordinator -sessional contract employees (part-time) -volunteers
Participants	-low education, few job skills -poor, unemployed (comparable) -socially isolated (comparable) -70%-100% single mothers -lack of confidence -risk of neglect, abuse, rejection (comparable) -poor, low functioning parent (comparable) -poor parent-child relationship/parenting (comparable) -parent delinquence (comparable)	-low education, few jobs skills -poor, unemployed (high) -socially isolated (high) -55% single parents -lack of confidence -risk of neglect, abuse rejection (high) -poor, low functioning parent (high) -poor parent-child relationship/parenting (comparable) -50% mothers under 25 -marital conflict (high) -poor homemaking skills -poor, unstable neighbourhood (high)
Services:	14.5 hrs/mth direct program contact (moderate)	44.4 hrs/mth direct program contact (very high)
	236 hrs total direct program contact (moderate-high)	243 hrs total direct program contact (moderate-high)

Table 5.1 continued

Program Impacts:	-high member satisfaction -less time in care -fewer children to care -high case closure rate -some evidence of good positive change on access to social support, personal problems of parents and some child problems -very good worker optimism about final case disposition -better public image for agency	-comparable rates of children to care & return of children home from care -perhaps less time in care -fewer case closures -comparable positive change on problem indices and goal ratings -comparable worker optimism about final disposition

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* These ratings are in contrast to the other seven family support programs reviewed.

The Self-Help Program was in many ways the most encouraging of the eight family support programs reviewed. However, too little use has been made of this program approach for child welfare families to be confident about the potential of this method of family support. Nonetheless, it is striking that an approach that seems both inexpensive and successful in supporting families has received such limited attention in child welfare. The programming emphasis has been on changing the individual or family rather than on providing social support to enable the family to cope. This issue is discussed in more detail in the concluding section of this chapter.

The Family Skills Program is working with families with a high risk of child abuse and neglect. These multi-problem families represent difficult challenges for family support intervention. Under these circumstances, comparable positive change rates on these indicators may in fact represent good progress for these families. However, there are several more general issues that arise from this program review. As a method of family support with families with clear long-term support needs, the skills development option may be expensive. It is debatable whether a model based upon education and skill development is a sufficiently inclusive conception of family support. This issue will be addressed in the concluding summary of this chapter.

5.3 HOMEMAKER PROGRAM

5.3.1 Parent Aide Program: Hamilton-Wentworth Children's Aid Society

5.3.1.1. Philosophy and Rationale

During the 1970's, there was a recognition, in this child welfare agency, that child protection workers were often unable to supply the time and energy required to adequately serve 'high risk' families. In response, the Parent Aide Program was developed to provide support to parents in families in which there was abuse or neglect or a strong possibility of these occurrences. The intent was to engage the parent with "a supportive modeling person" who could provide a "warm parenting relationship" together with practical instruction in home management and child care. The primary focus was upon the parent and there was an assumption that the children would benefit from the improved behaviour of the parent. The program has concentrated on families with younger (non-adolescent) children.

5.3.1.2. Development and Administration

In 1977, parent aides were recruited by means of a newspaper advertisement. Out of an original 75 applicants, 11 were chosen for training as Parent Aides. The initial requirements for parent aides were that "people have had a positive nurturing experience in their own families and a good parenting experience with their own children". Parent aides were expected to be nonjudgmental, warm and compassionate and to have good personal supports of their own.

The Parent Aide Training (26 hours over 13 weeks) covered topics such as indicators of child abuse, child development, creative play, health, nutrition, budgeting, working with families, as well as skills such as "active listening, assertiveness training and problem solving". Parent Aide training is now ongoing through monthly training/administrative meetings.

A Parent Aide Program coordinator (3/5 time) has been added as the program developed. The program coordinator receives requests for service from the child protection workers, meets the clients and assigns the families to a parent aide. A short term contract (about four weeks) is established between the program coordinator and the child protection worker. The child protection worker, parent aide and parent(s) meet to draw up a written contract outlining specific goals for the parent aide involvement as well as a time frame (usually about three months) for this work. At the end of this contract, the plan and progress are reviewed and, if necessary, the contract is re-negotiated. Informants from the Parent Aide Program stated that it was very important to clearly differentiate the roles of the child protection workers and the parent aides. It was also considered vital to properly introduce and explain the program within the child welfare agency. Initially, it was felt that the Parent Aide Program was viewed with reservations and suspicions by many child protection personnel. As with the Family Skills Program, the child protection worker retains overall case management authority for these Parent Aide Program cases.

During the time period covered by this program review, there were about 17 to 20 parent aides available to contract with on a case by case basis. In 1982-83, experienced parent aides were paid $5 per hour while less experienced workers received $4.25 per hour. Parent aides are paid at these rates for training and meeting time as well as time spent on their cases.

The parent aides were described as enthusiastic and committed to the program rationale. There has been a very low level of staff turnover with most of the original parent aides still being with the Parent Aide Program. Supervision within the program is based on a "peer consultation" model. Case planning and evaluation depends upon conferences between the child protection worker and the parent aide (and sometimes the program coordinator).

Each parent aide carried between two to three cases at a time. In 1982-83, the average monthly caseload for the Parent Aide Program was 44 families and the average case was open seven months. Approximately 75 families received service from the Parent Aide Program. Key informants indicated that this level of service has remained relatively constant up to the time of this program review.

5.3.1.3. Staffing and Direct Program Costs

Table 5.28
Parent Aide Program Direct Costs and Staffing
1982-83

Direct program budget:	$70,291
Number of families served:	75
Average length of program involvement:	seven months
Average cost per case served:	$937.21 ($1,030.93)*
Program staff:	-Program coordinator (3/5 time) -17-20 sessional contract parent aides

* In order to facilitate comparisons with the other family support programs reviewed, a 10% inflation factor has been added to convert these costs into estimates of 1983-84 costs.

In contrast to the programs reviewed so far in this chapter, the Parent Aide Program is quite inexpensive. These per unit costs are at the low end of the continuum for the eight family support programs included in this study. Secondly, unlike the Self-Help Program and the Family Skills Program, the average length of family involvement with the program is relatively short-term. In particular, the program is not designed to address ongoing needs for social support and social integration of these families.

5.3.1.4. Participants

Program informants described clients as low-income and coming from impoverished backgrounds. They were considered to be generally mistrustful, socially isolated and having low self-esteem. Participants were often single parents and frequently had relationships with "exploitative men". Families were seen as requiring more resources, emotional support, assistance with parenting their preschool children and in learning home and child management skills. Families with adolescent children were not accepted into the program although this option was under consideration. Program records describe their clients as 30% abuse cases, 30% risk of abuse and 40% child neglect.

Table 5.29
Basic Demographics Parent Aide Program Clients

	Parent Aide Program (15)	Regular Cases(362)	Relative Ranking
Age of children			
% infants	64.7%	25%	highest
% preschoolers	53%	38%	high
% preadolescents	29%	48%	low
% adolescents	0%	37%	lowest
Average number of children	1.73	2.19	low-comparable
Mom under 25	75%	35.3%	highest
Average age Mom	23.25	31	lowest
Average age Dad	29.25	36	lowest
Single parent	50%	52%	comparable

Tables 5.29 and 5.30 show that the program serves mainly younger mothers (parents) with infants and preschool children. A large majority of these children were perceived as being at risk of abuse or neglect by the child protection workers in contact with these families. These families are smaller than the average families represented in the total data set.

Table 5.30
Distribution of Children at Risk for the Parent Aide Program

	Parent Aide (15)	Regular Cases(362)	Relative Ranking
Age of children			
% infants	58.8%	16%	high
% preschoolers	41%	30%	high
% preadolescents	18%	31%	low
% adolescents	0%	32%	low

The presenting problems for these Parent Aide Program cases in table 5.31 indicate that they were considered to include high percentages of certain problems. Relatively high proportions of these program cases presented problems such as neglect, parental delinquence, marital discord, failure to provide medical care and concrete material needs. Child behaviour problems were not major concerns for these cases.

Table 5.31
Percentage of Cases Presenting Problems for the Parent Aide Program

	Parent Aide (15)	Regular Cases(362)	Relative Ranking
neglect	76.5%	42%	highest
child delinquence	11.8%	40%	low
physical abuse	35.3%	34%	comparable
emotional rejection	35.3%	32%	comparable
marital discord	52.9%	26%	highest
parent delinquence	52.9%	20%	highest
sexual abuse	0.0%	10%	lowest
failure to provide medical care	17.6%	9%	high
concrete material needs	17.6%	8%	high

The information in tables 5.32 and 5.33 suggest that the major problems in the Parent Aide Program sample are those of parent-child relationship, individual and neighbourhood poverty, lack of access to needed support and services as well as parental low functioning. This pattern basically confirm the image of program participants given by the program informants and by the analysis of presenting problems. The Parent Aide sample had significantly fewer child problems and significantly higher problem counts on the low service, low support neighbourhood index and the poor, low functioning parent index. The program sample had a higher average count than the sample of cases from the same region on the low income, unstable neighbourhood index but this difference was not statistically significant.

Table 5.32

Comparison of Parent Aide Cases on Problem Indices (average count)

Problem Index	Relative Ranking	Parent Aide (15)	Same Agency (28)	Same Region (106)	Mom under 25	Non-Adoles cents	Total Regular Cases	Comparison between col. 2 & 4
Column #	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Inadequate Parent-Child Relationship	comparable	5.53	4.9	6.2	5.35	5.5	5.47	F=.03 p=.86
Antisocial/ Delinquent Behaviour (Child)	low-comparable	1.0	2.28	2.3	1.25	1.51	2.1	F=9.3 p=.003
Low Income/ Unstable Neighbourhood	high	2.7	2.7	1.88	2.11	2.04	1.85	F=1.03 p=.31
Client motivation	comparable	2.5	1.8	2.4	2.2	2.31	2.43	-----
Low Service, Low Support Neighbourhood	high	2.13	0.81	1.45	1.94	1.8	1.6	F=3.86 p=.05
Poor, Low Functioning Parent	highest	3.47	1.7	2.10	2.64	2.42	2.06	F=5.4 p=.02
Behavioural/ Emotional Problems (Child)	low	1.00	1.6	1.80	1.05	1.39	1.71	F=4.4 p=.04

Table 5.33

Percentage of Parent Aide Cases with No Problems Indicated on Problem Indices

	Parent Aide (15)	Regular Cases (362)	Relative Ranking
Inadequate parent-child relationship	6%	5%	comparable
Antisocial/delinquent behaviour (child)	60%	27%	very high
Low income/unstable neighbourhood	12%	25%	low
Low service, low support neighbourhood	29%	36%	low-comparable
Poor, low functioning parent	12%	29%	low
Behaviour/emotional problems (child)	60%	32%	very high

Based upon the analysis of the presenting problems, the problem indices, the percentage of children at risk and the observations of program informants, the Parent Aide Program sample presents multiple and high levels of difficulties. These are situations involving many younger mothers where the behaviour and parenting inadequacies of the mother compounded by problems of poverty and lack of social support are placing children at risk.

5.3.1.5. Services

The Parent Aide Program's services are mostly short-term and goal specific. They are formally considered as a supplement to the child protection worker's efforts. The program focuses on working with the parent. Parent aides are not expected to handle crisis situations.

The initial written contract for parent aide services (usually for a period of three months) is negotiated between the child protection worker, the parent aide and the parent. Progress on the contract is supposed to be reviewed regularly and at the end of the contract a decision is made to renew or terminate the program involvement. In 1982, a review of 51 cases showed that the average length of program involvement was about seven months.

Parent aides record the time and nature of their contacts with the family in a parent aide log and this is given to the child protection worker as background information for the monthly case planning meeting. Ideally, the parent aide would also maintain weekly telephone contact with the child protection worker. The rates of referral to the Parent Aide Program have been constant since 1982 and, at the time of this program review, there was no waiting list.

The program is designed for parent aides to carry two or three cases at one time. A review of program records in 1982 indicated that clients usually were in direct contact with the parent aide twice per week for an average of about 12 hours of direct program contact per month. Parent aides spent an additional seven hours per case on recording, travel and other duties. Table 5.34 suggests that the level of direct program contact was closer to 20 hours per month for the Parent Aide Program sample in this study. Key informants said that the level of direct program contact for 1984 was approximately 20 hours per month, per case. Program documentation and program informants described the responsibilities of the parent aide as follows:

- providing a supportive "parenting" relationship to the parent. It was suggested that building this relationship with mistrustful parents required "availability, flexibility, consistency, reliability, persistence and communication skills".
- teaching parenting methods by modeling such behaviours as establishing routines and realistic expectations, proper methods of discipline, playing with children and infant stimulation.

- giving practical instruction on household tasks, cooking and budgeting. The emphasis is on "doing with, not doing for".
- encouraging the parent to make use of low-cost community resources (eg. library, baby-sitting services) and to participate in social activities to help reduce her social isolation.

A review of 51 termination evaluations in 1982 revealed that "parenting the parent" (40%) and child management (40%) were the major concerns of parent aides followed by household management (20%). Program termination for a family is agreed to at a case conference that includes the child protection worker, the parent aide and the parent aide coordinator.

Table 5.34
Parent Aide Program Basic Service Variables

		Average	Standard deviation	Relative ranking
Total focal family support prog. hours		174.90	308.00	moderate -low
Total all program hours		259.50	460.00	moderate
Number of focal prog. contacts per month	(m)*	9.33	2.07	moderate
	(bp)*	6.00	2.80	
	(pc)*	8.00	2.14	
Time per focal program contact	(m)	2.17	1.17	moderate
	(bp)	2.00	----	
	(pc)	2.75	1.58	
Total hours focal program contact per month	(m)	20.22	----	moderate
	(bp)	12.00	----	
	(pc)	22.00	----	
Months case open since last opening		22.07	29.18	moderate -high
Number of collateral contacts		6.73	3.22	high

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* m = mother (n=6)
bp= both parents (n=2)
pc= parent & child (n=8)

The frequency of contact and the total hours of direct program contact for the Parent Aide Program sample are in the middle ranges for the programs reviewed. On the average, these cases were in direct contact with the program about 20 hours per month. The very high standard deviation in total hours of Parent Aide Program contact indicates the great variation in the length of involvement of families with the Parent Aide Program. Also, in contrast to the three family support programs discussed earlier in this chapter, these Parent Aide Program cases have received substantial levels of other program contact in addition to the Parent Aide Program contact. Yet the Parent Aide Program remains clearly the major program intervention in terms of hours of contact for this sample.

5.3.1.5. Case Impacts

In 1981, a program review indicated a high level of client satisfaction with their participation in the Parent Aide Program. In particular, they valued the "understanding, listening and relief for the parent" provided by the parent aides. An examination of 51 termination evaluation reports in 1982 revealed that parent aides and child protection workers considered that:

- 37% of the goals were completely accomplished
- 40% were partially accomplished
- 23% were not accomplished at all.

A similar assessment, by the parent aides in 1981, of 105 cases suggested that:

- 33% were successful
- 57% were described as somewhat successful
- 10% were called unsuccessful.

Program informants considered that the main benefits from the parents' involvement with the parent aides included:

- improved parenting and child management abilities of participants

- improved personal growth of participants (eg. more friends and social participation, less drugs and alcohol, return to school, etc.)

- a reduction of the pressures on the family helping to reduce the incidence of child maltreatment
- a reduction in the need to place children
- an improvement in the image of the child welfare agency and a greater willingness to turn to the agency for support.

Key informants argued that the Parent Aide Program could have a greater focus on prevention, particularly if parent aides could have an earlier involvement with families.

Table 5.35

Care Indicators at Time of Initial Field Interviews for the Parent Aide Program

	Relative Ranking	Parent Aide (16)	Same Agency (28)	Same Region (107)	Non-Adolescents	Total Regular Cases	Comparison of Parent Aide & Same Region
Cases to care since last open	comparable	53%	57%	45.1%	46%	56%	x^2=.50 p=.48
Time in care							
< 6 wks		12%	7%	11.1%	30%	30%	
6wks - <6 mths	comparable -high	38%	47%	38.9%	39%	39%	
6mths- <1 yr		13%	20%	20.4%	14%	14%	
1 yr and more		38%	27%	29.6%	17%	17%	
Average total weeks in care	comparable	27	23	30	27	30	F=0.19 p=.66
More than one time in care	comparable -low	25%	23%	36.4%	42%	39%	
All children returned home	comparable -low	38%	47%	42.6%	63%	52%	x^2=.10 p=.75

Table 5.36
Care Indicators at Time of Follow-up Case Reviews for the Parent Aide Program

	Relative Ranking	Parent Aide (16)	Same Agency (28)	Same Region (107)	Non-Adoles cents	Total Regular Cases	Total Program Cases	Compare col. # 2 & 4
column #	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Cases open/ transferred	low-comparable	53%	64%	61%	67%	64%	59%	$x^2=.04$ $p=.83$
Placed since 1st interview	low	7%	26%	20%	22%	28%%	20%	$x^2=1.9$ $p=.16$
All children returned home	comparable -high	71%	54%	69%	83%	75%	72%	$x^2=.02$ $p=.88$

Tables 5.35 and 5.36 do not show clear differences between the sample of Parent Aide Program cases and the major comparison groups on these care and case closure indicators. The measurements taken at follow-up are more flattering to the program cases than those taken at the time of the initial case reviews. For the follow up review, the Parent Aide Program cases showed comparable to good rates of case closure and cases with all the children returned home. There was a relatively low number of children placed since the initial case reviews. Given the relatively high levels on the risk indicators for the Parent Aide Program sample, these outcomes could be seen as encouraging. However, when compared to the sample of cases from the same region, the above differences are not statistically significant.

Table 5.37

Percent Decline in Average Count on Problem Indices between Initial Research Interview & Follow-up Review for Parent Aide Program Cases

Problem index	Relative Ranking	Parent Aide (16)	Same Agency (28)	Same Region (107)	Non-Adolescents	Total Reg. Cases	Total Prog. Cases	Mom < 25
Inadequate parent-child relationship	high	69%	54%	50%	51%	52%	46%	51%
Antisocial/delinquent behaviour (child)	high	73%	59%	53%	55%	59%	49%	52%
Low income, unstable neighbourhood	low	11%	17%	24%	24%	38%	13%	29%
Low service, low support neighbourhood	high	78%	56%	48%	48%	42%	52%	55%
Poor, low functioning parent	high-comparable	75%	79%	64%	64%	66%	63%	66%
Behaviour/emotional problems (child)	high	74%	69%	61%	48%	54%	48%	45%

Table 5.38
Percent of Parent Aide Program Cases Reporting Positive Change on the Problem Indices Items at the Time of the Follow-up Review

Problem Index	Relative Ranking	Parent Aide (16)	Same Agency (28)	Same Region (107)	Non-Adolescents	Total Reg Cases	Total Prog. Cases	Mom 25	Compare between # 2 & 4
Column #	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
Inadequate Parent-Child Relationship	high	64%	50%	54%	54%	53%	51%	55%	F=1.7 p=.20
Antisocial/ Delinquent Behaviour (Child)	comparable	58%	54%	58%	55%	57%	52%	53%	F=.05 p=.82
Low Income/ Unstable Neighbourhood	low-comparable	19%	22%	24%	30%	25%	32%	29%	F=.85 p=.40
Low Service, Low Support Neighbourhood	comparable-high	60%	50%	64%	53%	48%	59%	52%	F=.05 p=.83
Poor, Low Functioning Parent	comparable	68%	71%	66%	63%	64%	62%	65%	F=.02 p=.90
Behavioural/ Emotional Problems (Child)	comparable	63%	64%	60%	52%	55%	53%	50%	F=.06 p=.81

Table 5.39

Average Change Scores for Major Goal Categories for the Parent Aide Program

Goals	Relative Ranking	Parent Aide (16)	Same Agency (28)	Same Region (107)	Non-Adolescents	Total Regular Cases
Improved parenting	high	3.40	3.00	2.97	3.04	3.03
Improved emotional climate in home	high	4.25	3.20	3.04	3.06	2.95
Improved household management	high	3.40	3.09	3.04	3.00	3.06
Improved marital relations	comparable	3.00	3.11	2.93	3.07	3.02
Linkage with other resources	comparable	3.30	2.90	3.26	3.60	3.54
Return child home	comparable	3.50	3.30	2.88	3.50	3.27
Improved child functioning	N.A.	**	3.17	3.20	3.20	3.04
Improved parent functioning	comparable	3.13	3.17	2.90	3.11	3.12
Improved school performance	N.A.	**	3.00	3.04	3.40	3.15

** These goals were not a goal in any of these cases.

It is not immediately apparent how to interpret the results from tables 5.37, 5.38 and 5.39. Considering the relatively small size of the Parent Aide Program sample (n=16), these patterns are merely suggestive and not conclusive. When the positive change rates are examined at the time of the initial review, there are high positive change rates on case goal attainment as rated by the child protection workers in the areas of improved parenting, improved emotional climate in the home and improved household management. The positive change rates in the problem indices at the time of the initial case reviews provide some confirmation of these patterns (table 5.40). In particular, the Parent Aide Program sample showed significantly more improvement on the Inadequate Parent-Child Relationship index. Looking back on the nature of the supports provided by the parent aides, these reported superior positive changes are in the areas where improvements would be expected; that is, improved parenting, improved emotional climate in home, improved parent-child relationship and improved household management.

Table 5.37 compares the average number of problems in the problem indices at the time of the initial case reviews and the follow-up reviews. These averages are computed across the total program sample open at each time period. These calculations suggest very positive change rates across five of the six problem indices including the problem areas noted above. Table 5.38 bases its indications only on those cases open at the time of the follow-up review. Small numbers of open program cases limit the usefulness of these estimates. Yet even on these measurements there is a fairly clear indication of superior performance on the Inadequate Parent-Child index.

Table 5.40
Percent of Parent Aide Program Cases Reporting Positive Change on Problem Index Items at the Time of the Initial Review

Problem Index	Parent Aide (16)	Same Region (107)	Significance Test
Inadequate parent-child relationship	65%(16)	47%(99)	F=3.3 p=.07
Low income, unstable neighbourhood	26%(15)	15%(87)	F=1.3 p=.26
Poor, low functioning parent	60%(14)	45%(62)	F=1.3 p=.25
Behavioural/emotional problems (Child)	69% (7)	49%	F=1.3 p=.25

The outcome indicator measurements are most favourable for the Parent Aide Program when compared to the sample of cases reviewed from the same child welfare agency. However, the small size of the agency sample does not assure that the sample is representative of the total population of child protection cases from this agency. The Parent Aide Program sample had significantly more problems on the Low Service, Low Support Neighbourhood index (F=4.2, p=.05) and the Poor, Low-Functioning Parent index (F=5.4, p=.02) but fewer problems on the Antisocial/Delinquent Behaviour (Child) index (F=3.2, p=.08). Measurements of positive change on the Inadequate Parent-Child Relationship index were better for the Parent Aide Program sample at the time of the initial case reviews (Parent Aide Program: 66%(16), Agency: 41%(25); F=3.4, p=.07) as well as the follow-up case reviews (Parent Aide Program: 69%(7), Agency: 49%(18); F=2.03, p=.16). At the time of the initial case reviews, change rates were apparently better for the Parent Aide Program on the Antisocial/Delinquent Behaviour (Child) index (Parent Aide Program: 64%(7), Agency: 42%(17); F=1.5, p=.24), the Poor, Low Functioning Parent index (Parent Aide Program: 60%(14), Agency: 33%(18); F=2.9, p=.10) and the Behavioural/Emotional Problem (Child) index (Parent Aide Program: 69%(7), Agency: 40%(17); F=2.2, p=.16). Finally, in comparison to the sample of cases from the same child welfare agency, the Parent Aide Program sample placed fewer kids between the first and second case reviews (x^2=2, p=.08) and may have a higher percentage of kids at home (x^2=1.6, p=.20). These comparisons with the same agency basically confirm the patterns noted earlier. In particular, there is a good argument to be made for a superior positive change rate for the Parent Aide Program sample on the Inadequate Parent-Child Relationship index.

Table 5.41

Child Protection Worker Judgements Concerning Probable Final Disposition of the Parent Aide Program Cases

FOLLOW-UP INTERVIEW	Relative Ranking	Parent Aide (16)	Same Agency (28)	Same Region	Non-Adolescents	Total Regular Cases	Total Program Cases
Child will be in care	low	6.7%	14.3%	13.3%	6.2%	7.9%	10.5%
Child will be home and case open	------	----	17.9%	19.2%	28.2%	27.1%	21.6%
Child will be home and case closed	comparable	26.7%	21.4%	23.3%	26.0%	25.4%	30.9%
INITIAL INTERVIEW					Total Data Set		
Child will be in care	comparable	13.0%	14.0%	18.0%	14.3%		
Child will be home and case closed	low	20.0%	33.0%	33.0%	34.7%		

As with the care indicators, the child protection workers were generally more optimistic about the final disposition of these cases during the follow-up reviews than during the initial case reviews. These workers perceived child placement as a probable outcome for a relatively low number of these Parent Aide Program families.

In summary, while there is some indication of fewer children being placed between the initial and follow-up case reviews, there is no clear indication of differential outcomes for the Parent Aide sample on the care or case closure indicators. However, there was evidence of a superior positive change for the Parent Aide families on the measurements of parenting, parent-child relationship (emotional climate in the home) and home management. These results are interpretable in light of the family support framework summarized in chapter one. It is important to distinguish between family support interventions with the potential to respond to the long-term support challenges such as social isolation, poverty and low-functioning and those better suited to particular problems such as parenting and parent-child relationships. There is a suggestion from these program reviews that success in one may be independent of change in the other. This issue is discussed further in the conclusion to this chapter.

5.3.2 Homemaker Program

5.3.2.1. Philosophy and Rationale

> "This program is modeled upon another C.A.S.'s Homemaker Program which offers intensive, concrete, task oriented support to high risk clients with the goal of ...permitting children to stay in the home through the improvement in the parents' self, child and household management.
>
> In addition to this goal, our program also has the capacity to provide crisis support for families by way of a parent substitute and long-term support to the family whose parenting capacities are limited.
>
> While support in high risk situations, to avoid separating children from their families, is a primary aim, the support/enrichment aspect of the homemaker's role is seen as equally important."
>
> (Program documentation,
> February 3, 1983)

Key informants were in substantial agreement about the basic objectives of the program. The major program objectives described included:

- to prevent or reduce the frequency of admissions
- to speed up the return of children in care to their homes
- to improve the quality of parenting and family functioning
- to teach new skills (eg. home management, child management, problem solving, etc.)
- to supervise high risk cases in the home

- to provide support to families of limited capacity and potential for learning
- to assist the child protection worker in case assessment and case planning
- to reduce the incidences of child maltreatment/abuse in the cases served
- to project a new community image of being concretely helpful to clients.

The underlying philosophy of the program emphasizes that "children are best off at home and family integrity is maintained whenever possible." The perception was that "an enormous percentage" of child protection cases can benefit substantially from the concrete and supportive services and from the quantity and quality of contact provided by the homemaker program.

5.3.2.2. Development and Administration

This child welfare agency had been using homemaker services for over ten years prior to the development of the current program. The impetus for the current format came essentially from the past program supervisor and another social worker who perceived the potential in an expanded and "different" service. Key informants identified the following as important considerations in the development of their new program:

- The development of the program took a great deal of effort and time. It cannot be managed as "an 'add-on' to an already overburdened job description".
- A key to the development of this program was the freeing of one-half of a management position to concentrate upon this task. It was seen as important that the mandate of this program coordinator be broad enough to permit a flexible response to unanticipated contingencies and to allow him to proceed quickly with program development.
- Throughout the development of the program, it was essential to explain the nature of the program to agency managers and administrators

and to "sell the program". Management commitment to the idea of the homemaker program and their willingness to commit resources to the program on a priority basis were seen as major ingredients in this program's success. Good program and case documentation was perceived as a very important tool in facilitating this process.

- Accurate budgeting proved to be difficult in the program. Both demand on the program's services and the expenses of running the program proved greater than anticipated. It was hoped that with experience more accurate projections will be forthcoming.

- A strength of the program was perceived to be the quantity, quality and diversity of homemakers. It was thought to be very important to specify the backgrounds and traits desired in homemakers (see below) and to actively seek out this personnel.

- The homemakers required a good orientation to the agency and their jobs. In addition, they required on-the-job training and on-going supports. A strength of this program was thought to be the tools that have been developed to assist the homemaker in case assessment and planning. Besides helping to structure the interventions and saving time in allocating scarce resources, the forms provide feedback to social workers and homemakers, and assist in developing documentation of the program.

- It was considered central to the success of this program to explain the nature of the service to child protection workers and present the program as being a complement to their efforts. This was essential to reduce the sense of threat social workers may feel towards the development of such a program. Indeed, a major perceived strength of this program was the close structured cooperation between homemaker and child protection worker and the use of the program to achieve specified child protection case objectives agreed to by the social worker and the homemaker.

- Clear criteria for assigning cases priority for service were required. Initially, referrals were solicited but demand quickly exceeded supply. At the time of the review, service priority was given to 'high risk' and 'urgent' cases. The number of clients served had much more than doubled in the past six months, although the number of new clients had not substantially changed. In the last month, there had been a sudden decline in both hours spent with each client and in total service hours.

The program coordinator (half-time until September, 1983) described his role as that of establishing the program; setting up the administrative framework; explaining, documenting and selling the program to management and staff; hiring staff; facilitating program operations and trouble-shooting.

The program supervisor receives requests for service from the child protection workers and assigns cases; facilitates homemaker and caseworker contacts and cooperation; maintains and supervises maintenance of program and case records; supervises homemaker hours of contact and expenses, and the phase out of service contacts. She also carried a small caseload.

Ten homemakers are available to take on families on a case by case contracting basis at $6.75 per hour, plus transportation. They may refuse to take any particular case. Hiring staff on a contract basis is said "to provide more flexibility in responses available and hours available, to allow a larger pool of homemakers to be built, to permit more matching of client and homemakers and to permit more families to be served simultaneously". Permanently employed homemakers are said "to have an increased identification with the agency, a better understanding of the agency and the staff, and to be more accessible". However, permanently employed homemakers are likely more costly. There was some discussion in this agency about eventually having some mixture of contractual and permanently employed homemakers.

Initially, there was an attempt to recruit a group of homemakers with a variety of characteristics and helping skills. Specific disciplines or professional training were not emphasized. Rather, certain general chracteristics were sought such as: an ability to be concrete in helping people, an ability to solve problems, an awareness of self, compassion and an ability to communicate as well as the capacity to work under stressful conditions.

An initial training to homemakers of five and one-half days was provided in order to orient them to the agency and the program. The homemakers also have two, two-hour meetings per month (one paid, one voluntary) to focus upon issues of program administration and to carry out in-service training. Training was considered to be expensive, particularly if large numbers of homemakers are involved.

Both the program coordinator and the program supervisor are available for consultations and problem solving with the homemakers, as well as to assist with training. Members of an Advisory Committee also play a role with in-service training and program problem solving as well as policy development. Homemaker involvement with families is under the direction of the child protection worker involved with the family. There have also been specific case assessment and planning tools designed to assist the homemakers in their duties.

5.3.2.3. Staffing and Direct Program Costs

In the four months between January and April, 1983, the Homemaker Program served an average of 41 clients per month (Program Document, "Homemaker Service, 1980-83: Number of Clients Served by Month"). The total direct cost of the Homemaker Program for this time period was $17,079.92 (information supplied by the program manager). The average direct cost per case served was $104 per month. The costs for the program supervisor were not included in this estimate. She worked about 12 hours per week. This would add about $6 to the direct program cost per case, per month, for an estimate of $110 per case served, per month. Based upon the program documentation "Duration of Homemakers Service, 1980-83", an approximate calculation was made that program participants were involved with the Homemaker Program for an average of 6.8 months. This calculation lead to a projected deficit budget of $54,120 for 1983-84, if expenditures and services continued at the same rates. The original budget allocation for 1983-84, for the Homemaker Program, was $38,000. At the time of this program review, quite severe limitations to services were under consideration to reduce the magnitude of this projected deficit. The average costs for the Homemaker Program are slightly lower than those for the Parent Aide Program and at the low end of the cost continuum for the Family Support Programs in this study. In contrast to the Self-Help Group and the Family Skills Program, participation in the Homemaker Program is relatively short-term.

Table 5.42
Homemaker Program Direct Costs and Staffing
1983-84

Direct program budget	$54,120 (incl. projected deficit)
Average length of program involvement	6.8 months
Average number of participants/month	41 (Jan.-April, 1983)
Projected number of participating families/year	72 families
Cost: case per month	$ 110
Cost: average case episode	$ 748
Cost: case per year	$ 1,320
Program staff:	- program coordinator (half time: to terminate soon) - program supervisor (12 hrs/wk) - ten sessional contract homemakers

5.3.2.4. Participants

The typical client was described as being "very young, often single, often low functioning". Many have "no extended families, lack extended supports, except for social agencies which all were hooked into". They were characterized as "having few mental, social, personality or management skills". Further, the clients were portrayed as having low education and being generally unprepared, unable and unwilling to face challenges.

Staff described the clients of the program as being part of a disintegrating family unit:

- father is not in picture
- mother has given up
- children are 'acting out'
- parental abuse/use of alcohol and drugs is common.

Table 5.43
Basic Demographics Homemaker Program Cases

	Homemaker (16)	Regular Cases (362)	Relative Ranking
Age of children:			
% infants	25%	25%	comparable
% preschoolers	62%	38%	high
% preadolescents	56%	48%	high
% adolescents	31%	37%	comparable-low
Average number of children	2.56	2.19	high
Mom under 25	56.3%	35.3%	high
Average age Mom	24.75	31	low
Average age Dad	31	36	low
Single parent	43.8%	52%	low-comparable

Table 5.44
Distribution of Children-at-Risk for the Homemaker Program

	Homemaker (16)	Regular Cases (362)	Relative Ranking
% infants	25%	16%	high
% preschoolers	50%	36%	high
% preadolescents	25%	31%	low
% adolescents	25%	32%	comparable

As with the Parent Aide Program, the Homemaker Program sample includes a relatively high percentage of young parents. However, in contrast, these Homemaker cases were not predominantly single parents. Also, the average family size was larger and included older children. The focus for the Homemaker Program was mainly on families with preschool and preadolescent children. However, 31% of these families included adolescents and 25% included adolescents at risk of abuse or neglect. Except for the preadolescent category, a relatively high percentage of the children in these families were considered by the child protection workers to have been in danger of abuse or neglect.

Table 5.45
Percentage of Cases Reporting Presenting Problems for the Homemaker Program

	Homemaker (16)	Regular Cases (362)	Relative Ranking
neglect	62.5%	42%	high
child delinquence	6.3%	40%	very low
physical abuse	62.5%	34%	very high
emotional rejection	43.8%	32%	high
marital discord	0.0%	26%	lowest
parent delinquence	25.0%	20%	comparable
sexual abuse	18.8%	10%	high
failure to provide medical care	18.8%	9%	high
concrete material needs	0.0%	8%	comparable

Child protection workers judged that these cases presented very high possibilities of child neglect, physical abuse, emotional rejection, sexual abuse and failure to provide medical care. Program informants indicated clearly that, due to budget constraints and a high demand for the homemaker service, priority was being accorded to high risk cases and families in crisis. It appears as if the Homemaker Program was concentrated on family situations in which the threat of child abuse and neglect is immediate.

Table 5.46

Comparison of Homemaker Program Cases on Problem Indices (average count)

Problem Index	Relative Ranking	Home-maker (16)	Same Agency (16)	Same Region (187)	Non-Adoles cents	Adoles cents	Total Reg. Cases	Mom under 25	Compare col. 2 & col.4
Column #	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
Inadequate Parent-Child	comparable -high	6.18	6.20	6.20	5.50	6.38	5.47	5.35	F=.16 p=.69
Antisocial/ Delinquent Behaviour (Child)	low	1.06	2.67	2.30	1.51	3.58	2.10	1.25	F=7.6 p=.007
Low Income/ Unstable Neighbourhood	comparable	1.80	1.53	1.88	2.04	1.50	1.85	2.11	F=.05 p=.82
Client Motivation	low-comparable	2.18	2.60	2.40	2.31	2.42	2.43	2.20	-----
Low Service, Low Support Neighbourhood	comparable	1.64	1.40	1.45	1.80	1.20	1.60	1.94	F=.83 p=.37
Poor, Low Functioning Parent	high	2.80	1.40	2.10	2.42	1.45	2.06	2.64	F=3.2 p=.08
Behavioural/ Emotional Problems (Child)	low-comparable	1.29	2.07	1.80	1.39	2.50	1.71	1.05	F=2.8 p=.10

Once again, as in the Parent Aide Program, the Homemaker Program is not being used to intervene with families in which the behaviour of the children is considered to be a major problem. There were significantly fewer problems noted in table 5.46 on both the child problem indices when compared to a sample of other cases drawn from the urban region. There were significantly more problems on the Poor, Low Functioning Parent index for the Homemaker Program sample. Problem levels on the other indices were basically comparable to the major comparison groups. These Homemaker families showed high levels of individual poverty and parental low functioning. Other areas of concern in these cases included parent-child relationship, neighbourhood poverty as well as lack of access to social support and services. These were the first sample of focal family support program cases reviewed in which the level of client motivation was relatively low. In summary, while the Homemaker Program sample is not particularly high on these indices in terms of average problem counts, the sample does appear high in terms of problem urgency. In contrast, the Parent Aide Program was not intended to manage crisis family situations.

5.3.2.5. Services

The homemaker service is "initiated by a request from a social worker to the program supervisor of the Homemaker Program". The program supervisor then "allocates a homemaker to the case and facilitates a meeting between the child protection worker and the homemaker to establish the nature of the service to be provided". The homemaker establishes task-oriented, time limited objectives under the direction of the child protection worker.

> "The homemaker's role will be to translate the goals of the social worker into a concrete service plan with the accent on modeling and teaching rather than counselling... the homemaker's counselling is forsightful and concrete in its orientation".
>
> (Program documentation,
> February 17, 1983)

Emergency homemaker service is also available. Homemakers can be contacted directly by child protection workers when the program supervisor is not available (after hours) but approval of the arrangement needs to be confirmed at the earliest possible time.

The homemaker keeps a record of every visit (within 24 hours of the visit) to be valid in court (kept for herself). Further, "the homemaker prepares a monthly summary of her involvement with the family and discusses this with the worker at their monthly meetings". These meetings are designed "to review progress and reaffirm direction and goals". Evaluations are also made, generally, when the case is being terminated.

Child protection workers are encouraged to set a time frame of under four months for service. While there is an attempt to avoid homemaker hours over contract, there is also a desire to keep the program flexible. Homemakers carry two to three cases (has been as high as five or six) and the average duration of the services is about seven months. While the average number of program worker hours per client per month has been between 10 to 15, about 25% of this time was not direct service.

The first task of the homemaker is to establish a relationship with the client. Reportedly, help is rarely refused by the client. On the other hand, an individual homemaker has a right to refuse any given client. The social worker and the homemaker set goals and then, jointly, visit the client to establish a contract. The contract details the number of hours per visit, the number of visits per week and the number of weeks of service.

The service is provided almost entirely in-home, except for, perhaps, transportation or accompanying the client to the park, to an appointment, etc. It does not appear to be the role of the homemaker to either access outside resources for the client or to get the client out of the home. As part of their assessment role, the homemakers may suggest to the social worker certain client needs, such as other community or agency services (day care) but client advocacy and social integration are seen as social work roles. The homemaker's role is more on a "practical level, showing, doing with, etc...".

The program document, "Summary of Goals/Tasks Requested of Homemakers" (sample: 39 cases, Feb. 1983), indicates that the homemakers have been emphasizing teaching and modeling of child and home management, proper parent-child interactions, meeting children's emotional and developmental needs, nutrition and meal preparation as well as basic methods of child care. Emotional support was frequently provided as was parent relief in times of stress. To a lesser extent the program was used to reinforce parental self-esteem and self-confidence, to link clients with community resources and to monitor high risk situations.

Program documents ("Distribution of hours, Jan.-April 1983"; "Duration of Homemaker Service 1980-1983") show substantial variation both in the length and level of services received from the Homemaker Program. Forty-seven percent of cases received 10 hours or less of homemaker time while 32% received between 11 and 20 hours per month and 19% received in excess of 20 hours per month from January to April 1983. Twenty-four percent of participants were involved with the homemaker program for a period of 10 to 37 months; 15% for more than 15 months. Nineteen percent were involved for approximately six months, 18% for four months and 39% for less than two months. Apparently, there is a major use of the homemaker program for very short-term interventions. It is not clear whether this pattern was by design or as a result of budget constraints and a high demand level for the homemaker program.

Program documentation ("Number of Clients Served by Month, 1980-83"; "Average Number of Hours per Client per Month, 1980-83") shows a great deal of instability in key program variables. At the time of the review, the average number of clients served per month had just increased quickly from around 25 to approximately 41 per month. Over a seven month period in 1982-83, total number of direct service hours provided by the Homemaker Program went from 290 hours to a maximum of 640 hours, back down to approximately 290 hours. Over a nine month period, average number of direct service hours per client went from about nine hours to a maximum of 16 hours and down again, to a minimum of about seven hours per month.

As commented upon in relation to the Self-Help Program and the Family Skills Program, a common pattern in several of these focal family support programs has been the loss of control over important program variables. The concern of the research team is that such a 'laissez faire' approach may eventually place otherwise valuable family support initiatives in jeopardy.

Table 5.47
Homemaker Program Basic Service Variables

	Average	Standard deviation	Relative ranking
Total focal program hours	174.90	308.00	moderate -low
Total all program hours	359.40	450.00	high-moderate
Average # of focal prog. contacts per month	6.40	2.64	low-moderate
Average time per focal prog. contact	2.07	0.96	moderate -low
Aver. total hrs focal prog.contact/mth	13.25	----	low-moderate
Months case open since last opening	27.53	20.54	moderate -high
Number of collateral contacts	4.80	1.97	low

Table 5.47 confirms the high level of variation in the total amount of direct program contact for the homemaker program. Overall, the average monthly levels are low for these homemaker program cases. Indeed, monthly direct contact is about 60% of the level for the Parent Aide Program. Given the priority emphasis of the homemaker program on cases in crisis as well as the older ages of the children involved, perhaps it would be reasonable, in light of the family support framework summarized in chapter one, to anticipate less positive changes in these homemaker cases.

There are several major differences between the Homemaker Program and the Parent Aide Program:

- a greater crisis focus for the homemakers
- older children in the homemaker families
- less monthly direct contact in the Homemaker Program
- program instability and budget deficits of the Homemaker Program.

Any or all of these differences might influence significantly program effectiveness.

5.3.2.6. Case Impacts

This child welfare agency and the Homemaker Program were part of the pretest sample for this study. This accounts for the small size of the agency and the program sample. Also, there were about 10 months between the initial and follow-up case reviews. As a result, the return rate for the follow-up review was quite low. This was especially true for the agency sample (9/16). If it can be assumed that the bulk of the non-returned cases were closed cases, perhaps the outcomes for the agency sample may be slightly better than suggested by the follow-up indicators. However, these results need to be interpreted with caution.

Table 5.48
Care Indicators at Time of Initial Field Interviews for the Homemaker Program

	Relative Ranking	Home-maker (16)	Same Agency (16)	Same Region (189)	Non-Adoles cents	Adoles cents	Total Reg. Cases	Compare Homemaker & Same Region
Cases to care since last open	low-comparable	46%	69%	57.6%	46%	49%	56%	x^2=.77 p=.38
Time in care								
< 6 wks	less time	33%	0%	26.6%	30%	12%	22.2%	
6 wks-<6 mths	but some	50%	100%	33.9%	39%	31%	36%	
6 mths-<1 yr	cases	0%	0%	18.3%	14%	28%	22%	
1 yr and more	more time	17%	0%	21.1%	17%	28%	21%	
Average total weeks in care	high-comparable	50	42	36	27	37	30	F=.24 p=.62
More than one time in care	comparable-low	33%	40%	37.0%	42%	39%	39%	
All children returned home	high	80%	33%	59.4%	63%	39%	52%	x^2=.25 p=.62

Table 5.49
Care Indicators at Time of Follow-up Case Reviews for the Homemaker Program

	Relative Ranking	Home-maker (14)	Same Agency (9)	Same Region (170)	Non-Adoles cents	Adoles cents	Total Reg. Cases	Total Prog. Cases	Compare Hom'ker &region
Cases open/ transferred	high	85%	67%	64%	67%	55%	64%	59%	x^2=1.7 p=.19
Placed since 1st field interview	comparable	25%	63%	25%	22%	30%	28%	20%	x^2=.00 p=1.0
All children returned home	comparable-high	75%	57%	75%	83%	56%	75%	72%	x^2=.00 p=1.0

As with the Parent Aide Program, it is not clear that there was a differential impact of the Homemaker Program on these care indicators. The tests of statistical significance may be misleading in tables 5.48 and 5.49. For example, only five cases went to care at all making the statistical tests of significance on time in care and children returned home of dubious accuracy. In a preliminary fashion, it can be suggested that for the Homemaker Program sample a low-comparable number of children went to care and four out of these five cases had all of the children in the home. At both the time of the initial and follow-up reviews, the percentage of children at home is quite good for the Homemaker Program sample. The percentage of these program cases that have remained open was very high. This can be interpreted as the third indication from these program reviews that the family support requirements in child welfare are frequently long-term.

It is worth noting that Homemaker Program compares most favourably on the percent of children to care, time in care, times in care and the percentage of children at home with the sample of cases from the same child welfare agency. If it can be assumed that the Homemaker Program sample represented families with a relatively high risk of family breakdown, then the results of this analysis of care indicators may be encouraging for the Homemaker Program. However, clearly a more detailed program documentation and evaluation is required. There is evidence from this analysis that families with long-term support needs and high chances of breakdown are being supported with results comparable to the major comparison groups. Most of the cases have remained open to the child welfare agency.

Table 5.50

Percent Decline in Average Count on Problem Indices between Initial Research Interview & Follow-up Review for the Homemaker Program Cases

Problem Index	Relative Ranking	Homemaker (14)	Same Agency (9)	Same Region	Non-Adolescents	Adolescents	Total Reg. Cases	Mom under 25
Inadequate Parent-Child	low	30%	24%	48%	51%	52%	52%	51%
Antisocial/ Delinquent Behaviour (Child)	low-comparable	49%	89%	55%	55%	57%	59%	52%
Low Income/ Unstable Neighbourhood	low	-11%	-16%	15%	24%	10%	38%	29%
Low Service, Low Support Neighbourhood	low	13%	36%	37%	48%	36%	42%	55%
Poor, Low Functioning Parent	low-comparable	52%	5%	56%	64%	67%	66%	66%
Behavioural/ Emotional Problems (Child)	comparable -low	45%	19%	51%	48%	61%	54%	45%

Table 5.51

Percent of Positive Change on Items on Problem Indices reported for the Homemaker Program Cases at the time of the Follow-up Review

Problem Index	Relative Ranking	Home-maker (14)	Same Agency (9)	Same Region (125)	Non-Adolescents	Adolescents	Total Reg. Case	Total Prog. Cases	Compare col. 2 & col.4
Column #	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
Inadequate Parent-Child	low	35%	46%	53%	54%	51%	53%	51%	F=2.3 p=.13
Antisocial/ Delinquent Behaviour Child)	low	31%	60%	57%	55%	56%	57%	52%	F=4.2 p=.04
Low Income/ Unstable Neighbourhood	low	7%	7%	29%	30%	29%	25%	32%	F=2.7 p=.11
Low Service, Low Support Neighbourhood	comparable	56%	46%	50%	53%	50%	48%	59%	F=.16 p=.69
Poor, Low Functioning Parent	comparable	63%	21%	61%	63%	63%	64%	62%	F=.006 p=.94
Behavioural/ Emotional Problems (Child)	low	40%	57%	54%	52%	59%	55%	53%	F=1.7 p=.2

The results from tables 5.50 and 5.51 are definitely not positive for the Homemaker Program. The positive change rates for the Homemaker Program are generally low across all of these problem indices. In order to control for the possible effect of a low follow-up return rate, a similar analysis was conducted on the problem indices at the time of the initial case reviews. However, in comparison with the sample of cases from the urban region, the Homemaker Program sample showed lower positive change rates on the Inadequate Parent-Child Relationship index (F=1.8, p=.18), the Antisocial/Delinquent Child index (F=2.9, p=.09) and the Poor, Low Functioning Parent index (F=3.5, p=.07). Paradoxically, these are the very areas in which the Parent Aide Program reported significantly superior positive change rates.

Factors such as types of clientele served, levels of service, staff and program orientation, and program administration are all areas where these two homemaker programs differ and where we might search for an explanation to these differences. However, given the current state-of-the-art in family support, it would be impossible for a program developer to make an informed choice on these factors. Child welfare practitioners and managers must depend on their own judgements and intuitions. Yet, surely there is enough experience with homemakers in the Ontario child welfare system to begin to document and share information about the situations in which homemaker services are the most beneficial. Family support practitioners currently depend on their own initiative and they are isolated from each other.

Particular questions to answer in relation to homemaker programs would be whether they are to be considered appropriate interventions to bridge periods of high stress and/or to focus upon particular problem areas (eg. parenting, emotional climate in the home, home management). Or can homemaker interventions provide the level and duration of social support necessary to prevent family breakdown and child placement? If not, then perhaps homemaker services should be thought of as one component of broader family support strategies.

Table 5.52
Average Change Scores for Major Goal Categories for the Homemaker Program Cases

Goals	Relative Ranking	Homemaker Agency (16)	Same Agency (16)	Same Region (170)	Non-Adolescents	Adolescents	Total Regular Cases
Improved parenting	high-comparable	3.70	3.50	3.03	3.04	3.00	3.03
Improved emotional climate in home	comparable	3.00	2.90	2.90	3.06	2.80	2.95
Improved household management	comparable	3.25	3.20	3.02	3.00	3.45	3.06
Improved marital relations	low-comparable	2.80	3.10	2.98	3.07	2.90	3.02
Linkage with other resources	comparable	3.50	3.40	3.74	3.60	3.40	3.54
Return child home	N.A.	**	4.25	3.49	3.50	2.90	3.27
Improved child functioning	high-comparable	3.33	3.13	2.99	3.20	2.90	3.04
Improved parent functioning	high	3.40	3.14	3.08	3.11	3.05	3.12
Improved school performance	N.A.	**	4.00	3.29	3.40	2.90	3.15

** These goals were not a goal in any of these cases

These ratings by the child protection workers of the attainment of case objectives were made at the time of the initial interviews. While more encouraging than the change rates on the problem indices, it remains unclear whether the sample of program cases is substantially different from the comparison group on these indicators. Workers rated the highest positive change in these cases to be in the areas of parenting, child functioning and, in particular, parent functioning.

Table 5.53

Child Protection Worker Judgements Concerning Probable Final Disposition of the Homemaker Program Cases

FOLLOW-UP REVIEW Index	Relative Ranking	Homemaker Agency (12)	Same Agency (9)	Same Region	Non-Adolescents	Adolescents	Total Program Cases
Child will be in care	lowest	0%	11.1%	10.2%	6.2%	14.9%	10.5%
Child will be home and case open	highest	75%	22.2%	24.2%	28.2%	18.2%	21.6%
Child will be home and case closed	lowest	8.3%	22.2%	30.6%	26.0%	27.9%	30.9%
INITIAL REVIEW					Total Data Set		
Child will be in care	high	20%	17%	13%	14.3%		
Child will be home and case closed	low	13%	21%	34%	34.7%		

The child protection workers were substantially more optimistic about the Homemaker Program cases during the follow-up review than ten months earlier during the initial interviews. However, while they predicted none of these cases would go to care, they definitely considered almost all of these families would require continued agency involvement. Perhaps, this is the basic difference between the two homemaker programs reviewed. The Homemaker Program may be selecting families with definite long-term support needs and less potential to change. If this is so, then it is relevant to ask whether this is the best population to target with a homemaker program and whether a homemaker program can adequately address long-term support needs.

In summary, the best that can be said from this analysis of case results for the Homemaker Program sample is that some support may be provided to high problem families in periods of high stress. There is no indication of a lower rate of child placement than the comparison groups although most of the placed children were at home for the program families. The positive change rates on the problem indices for the Homemaker Program sample were consistently lower than the comparison groups. General goal ratings suggested some better performance for the program families in the areas of parenting and parent functioning.

5.3.3 Summary of Homemaker Programs

Both homemaker programs provide in-home services emphasizing warm empathetic relationships with parents,teaching through modelling of practical methods of parenting, child care and home management as well as the provision of concrete support to parents. Homemakers are non-professional helpers chosen on the basis of their life experience and their personal qualities. In both programs, the homemakers work with two to three families at one time. The homemaker services were designed to complement the efforts of the child protection workers. There was great variation in the amount of service provided to individual families by these homemakers.

The Parent Aide Program worked mainly with younger mothers (parents) and with families with infant and preschool children. Families with adolescent children were not accepted. Parent Aides were not expected to deal with crisis situations. The Homemaker Program gave priority to families where the risk of breakdown was immediate and worked with many families needing long-term social support. Thirty-one percent of these families had adolescent children.

Demand and levels of service provided had been fairly stable over the last two years and there was no waiting list for Parent Aide service. The demand for the Homemaker Program has constantly exceeded its capacity to respond. There was a waiting list. Levels of service have been quite unstable and the program was confronting a budget deficit at the time of this review. The level of monthly direct contact provided to families was about one-third higher for the Parent Aide Program. Some basic descriptive parameters for both programs are presented in the following table.

Summary Table 5.2
Parameters for the Parent Aide Program and Homemaker Program
1983-84

	PARENT AIDE PROGRAM	HOMEMAKER PROGRAM
Direct costs:		
annual budget	$ 70,291	$ 54,120
cost/case episode	$ 1,030 (low) *	$ 748 (low)
Staff:	Parent Aide coordinator 17-20 sessional contract parent aides	Program coordinator (half-time) Program supervisor (12 hrs/wk) 10 sessional contract homemakers
Participants:	-families with infants and preschoolers -no adolescents -75% moms under 25 -50% single parents -poor, unemployed (high) -socially isolated (high) -lack of confidence -poor, low functioning parent (high) -poor parenting/home management (comparable) -parent delinquence (high) -marital discord (high) -high risk of abuse & neglect -not crisis situations -low child problems	-families with preschoolers and preadolescents -25% with adolescents at risk -56.5% moms under 25 -43.8% single parents -poor, unemployed (high) -high risk of neglect,physical & sexual abuse, rejection -poor, low functioning parent (high) -family in immediate risk of breakdown -parent delinquence (high) -low parent motivation -low child problems
Services:	average 7 mths 21 hrs/mth direct focal program contact (moderate) 174.9 hrs total direct focal prog. contact (moderate-low) 259.5 total hrs, all program contact (moderate) great variation in service levels & duration	average 6-8 mths 13.25 hrs/mth direct focal prog. contact (low-moderate) 174.9 hrs total direct focal prog. contact (moderate-low) 359.4 total hrs, all prog. contact (high-moderate) great variation in service levels & duration

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* These ratings are in contrast to the other seven family support programs reviewed.

Impacts:	-good client satisfaction -better public image for child welfare agency -improved parent-child relationship/ parenting (high) -improved household management (high) -comparable results on care & case closure measurements	-better public image for child welfare agency -less positive change on inadequate parent-child relationship, poor low functioning parent, child problem, neighbourhood poverty indices -comparable results on care measurements -low rate of case closure

There are two major issues arising from this review of homemaker programs. It is important to understand why the impacts on families were so different for these two homemaker programs. While there are competing explanations, it seemed to the research team that the Homemaker Program was chosing families in crisis and families with long-term support needs. They also worked with families with adolescents. It would be a valuable contribution to begin to identify those situations in which a homemaker intervention will be most promising.

Neither of these homemaker samples showed a higher rate of positive measurements on the care or case closure measurements than the comparison groups. Both of these program samples presented clear indications of poverty, social isolation and low skills. Parents were young and there were many single parents. When conceptualizing family support interventions, it is important to recognize the power and potential of the proposed intervention strategies. It is difficult to argue that a homemaker can address these needs for social support. It is necessary to distinguish between social support and strategies intended to change individuals and families. Change strategies can either be targeted on particular problems or used as part of a broader family support strategy. However, in all of the samples from these family support programs, there are very clear indications of a need for social support strategies in addition to change strategies.

5.4 AFTERSCHOOL PROGRAMS FOR ADOLESCENTS

5.4.1 Afterschool Program I

5.4.1.1. Philosophy and Rationale

This afterschool program is designed to provide "treatment to difficult and emotionally disturbed adolescents and their families" in order to prevent family breakdown. Program activities are mainly directed towards "strengthening individual capacities to cope with stress". Specific program objectives include:

- supporting youths-at-risk and their families in order to prevent family separation
- providing "supplementary parenting"
- making available behavioural assessment information to other professionals
- developing social and life skills in participating youths in order to increase their ability to cope with their environment
- fostering the development of self-confidence and a sense of competence in participating youths.

The Afterschool Program I emphasizes activities with recreational and social components. The intent is to allow the youths to work towards specific behaviour goals and to develop positive ways of interacting with peers and adults. There is also a priority given to connecting the participants with available low-cost community resources and activities.

5.4.1.2. Development and Administration

An initial impetus to the development of the Afterschool Program I was the closing of group and receiving homes that had provided temporary relief in times of crisis. Under the auspices of the Director of Family Support Services, an interest in program alternatives to child placement was growing.

The Afterschool Program I initially shared the location of a group home. However, this arrangement proved confusing and the project is presently located in a house owned by the agency. This house is close to major transportation routes and within easy access to a community pool, gymnasium and recreational programs.

The staff of the Afterschool Program I includes a program director and three program workers. The program director reports to the Director of Family Support Services who is a member of the senior management team for the child welfare agency. The program director's responsibilities include receiving referrals and carrying out the initial assessments. She also attends case conferences concerning program participants and is responsible for the program group for parents. Her administrative tasks include budget development, service planning, staff hiring and supervision.

By design, all of the program personnel for the Afterschool Program I are female. Program informants thought that male workers would be more prone to conflict and competition with the youths and would be less likely to remain with the program. Paradoxically, the second afterschool program (see section 5.4.2.2.) includes both male and female role models also by design. Family support program personnel are currently obliged to make such decisions based upon their own best judgement. There is no existing documentation to guide such decisions. There are few forums for sharing experiences and for mutual learning.

Program workers had training in child care or recreation as well as experience in recreational programs and working with disturbed adolescents. It was thought that Afterschool Program workers should have a good understanding of adolescent development and behaviour. They should be able to conceptualize treatment plans. A range of ages and backgrounds among program staff was considered to be advantageous. Informants argued that it is important that program workers be committed to the philosophy and methods of the Afterschool Program and to the adolescents. They also need a sense of humour, flexibility, a non-judgemental attitude, and to be able to serve as role models for the youth. The specific duties of the program workers include:

- participating as part of the program team in program planning and development
- assisting in [illegible] assessment of individual participants an[illegible] in the review of their progress
- functioning as the primary worker for a small number of youths with responsibility for maintaining one-to-one contact
- planning, implementing and monitoring the daily group programming
- participating in case conferences with child protection personnel
- maintaining appropriate collateral contacts.

5.4.1.3. Direct Costs & Staffing

The average cost per case episode in 1983-84 for the Afterschool Program I is at the expensive end of the continuum for the eight family support programs reviewed. These relatively high costs result from the low ratio of program staff to program participants and the very high investment of program time into these cases over about half a year.

Table 5.54
Afterschool Program Direct Costs & Staffing
1983-84

Direct program budget	$117,304 (salaries: $99,708) (6 months= $58,692)
Average # of participants per month	20 youths
Average # of participants per year	42 youths
Average length of program involvement	6 months
Cost per case per month	$ 488.77
Cost per case per year	$5,865.20
Cost per case episode	$2,932.60
Program staff:	- program director - three program workers

Participation in this treatment program is clearly intended to be limited to a definite period of time. The program is not designed to meet long-term needs for social support. However, there is a program policy to link participating adolescents with resources in the broader community.

5.4.1.4. Participants

The Afterschool Program I serves both male (84% in 1982) and female (16% in 1982) adolescents between the ages of eleven and sixteen. In 1982, 78% of referrals were from the agency's intake or child protection workers and 22% came from probation workers or the court. The major reasons for referrals were:

- adolescent behaviour problems (95%) - physical or verbal aggression, non compliance, inability to respond to adult direction
- family conflict (85%)

- adolescent is a poor achiever (90%)
- adolescent has poor interpersonal relationships (85%)
- adolescent has a poor self-image (80%)
- inadequate family/parenting skills (50%)
- truancy (25%)
- social isolation (25%)
- adolescent's lack of independence, self-assertion (25%).

The program focus is upon the problems of the adolescents. Key informants thought that the Afterschool Program I would not be appropriate for adolescents with chronic or severely acting out life-styles or for those with emotional problems serious enough to require psychiatric help. The average age of program participants has dropped over the past few years from 15 to 13 years of age. Informants considered this younger group to be more amenable to the program interventions. A shift in referrals away from adolescents with antisocial/delinquent behaviour problems to those with emotional problems was also described.

Table 5.55
Basic Demographics Afterschool Program I Cases

	Afterschool Program I (18)	Regular Cases(362)	Relative Ranking
Age of children			
% infants	0%	25%	lowest
% preschoolers	11%	38%	low
% preadolescents	56%	48%	high
% adolescents	94%	37%	highest
Average number of children	2.4	2.19	high-moderate
Mom under 25	0%	35%	lowest
Average age Mom	39	31	highest
Average age Dad	42	36	highest
Single parent	44%	52%	low-moderate

Table 5.56
Distribution of Children-at-Risk for the Afterschool Program I

	Afterschool Program I (18)	Regular Cases (362)	Relative Ranking
% infants	0%	16%	lowest
% preschoolers	0%	36%	lowest
% preadolescents	22%	31%	low
% adolescents	94%	32%	highest

One hundred percent of the adolescents in these families were considered by the child protection workers to be at risk of child placement. About half of these families were headed by single parents.

Table 5.57
Percentage of Cases Presenting Problems for the Afterschool Program I

	Afterschool Program I (18)	Regular Cases (362)	Relative Ranking
neglect	11.1%	42%	very low
child delinquence	94.4%	40%	highest
physical abuse	27.8%	34%	low-moderate
emotional rejection	38.9%	32%	high-moderate
marital discord	11.1%	26%	low
parent delinquence	11.1%	20%	low
sexual abuse	5.6%	10%	low
failure to provide medical care	0.0%	9%	lowest
concrete material needs	0.0%	8%	lowest

The analysis of the presenting problems for the Afterschool Program I sample confirms that the interventions are focused on family situations where the child's own antisocial and delinquent behaviour is the major concern. Secondary, yet still relatively frequent concerns, were the concerns with the possibility of emotional rejection and of physical abuse of the adolescent within the family. All the other categories of presenting problems were below the normal levels of frequency for this data set.

Table 5.58

Comparison of Afterschool Program I Cases on Problem Indices (average count)

Problem Index	Relative Ranking	Afterschool Program I (18)	Same Agency (26)	Same Region	Adolescents (177)	Total Regular Cases	Total Program Cases	Compare between 2 & 5
Column #	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Inadequate Parent-Child Relationship	low-comparable	5.79	5.90	6.20	6.38	5.47	6.14	F=2.8 p=.09
Antisocial/ Delinquent Behaviour (Child)	high-comparable	3.47	3.39	2.30	3.58	2.10	2.16	F=.000 p=.99
Low Income/ Unstable Neighbourhood	comparable	1.60	1.30	1.88	1.50	1.85	1.84	F=.003 p=.95
Client Motivation	comparable	2.40	2.60	2.40	2.42	2.43	2.53	-----
Low Service, Low Support Neighbourhood	low	0.74	1.50	1.45	1.20	1.60	1.58	F=5.07 p=.03
Poor, Low Functioning Parent	low	1.05	1.90	2.10	1.45	2.06	2.09	F=1.99 p=.16
Behavioural/ Emotional Problems (Child)	high-comparable	2.37	2.30	1.80	2.50	1.71	1.70	F=.25 p=.62

The high problem counts for the Afterschool Program I sample were on the two child problem indices. However, these were comparable to the counts on these indices for the adolescents-at-risk comparison group. In comparison with this adolescent comparison group, the Afterschool Program I sample had lower problem counts on the Inadequate Parent-Child Relationship index, the Low Service, Low Support Neighbourhood index and the Poor, Low functioning Parent index. A review of the number of program cases with no problems at all on each separate index revealed that all of these Afterschool Program I cases presented some problems of parent-child relationships, antisocial/ delinquent child behaviour and behaviour/emotional child problems.

Comparing this Afterschool Program I sample to the total sample of other cases from the same region (n=184) shows that the program sample has significantly more antisocial/delinquent behaviour child problems (F=4.1, p=.03) but lower levels of parent-child relationship problems (F=4.8, p=.03) as well as few problems with access to service and social support (F=7.3, p=.008) and individual family poverty and parental low functioning (F=7.5, p=.007). In summary, the main problem areas in the Afterschool Program I sample were antisocial/delinquent behaviour and behavioural/ emotional problems of the child. Frequencies of these problems were comparable to the adolescent comparison group. All other problem indicators were at relatively low levels of frequency.

5.4.1.5. Services

The Afterschool Program I is designed to complement the continued work of the child protection worker with the family. A system of regular reporting and case conferencing is in place to facilitate information exchange and case planning.

Referrals are screened by the program director who completes an initial admission profile and a general plan for service. This would typically be followed up by a case conference including the director, program workers and the referring worker in order to make a final admission decision. A formal contract specifying the goals for the adolescent's involvement in the program is then negotiated between the parents, the adolescent, the primary program worker and the child protection worker. New referrals are re-assessed after two weeks and treatment goals are specified. The primary program worker reviews these program goals individually with her adolescents on a weekly basis. Formal case conferences are scheduled for approximately every three months. Behaviour reports are communicated to the family every three months by the primary program worker. Program informants reported a high level of satisfaction of participants with these procedures. Satisfaction of participants with the program's service is reportedly high. A staff survey has indicated that child protection personnel are generally pleased with the Afterschool Program I.

This adolescent treatment program endeavours to improve the adolescents' self-esteem and confidence, to increase their life/social skills and to stimulate specific changes in the youths' behaviour patterns. The strong focus on recreational and social activities is an attempt to get the adolescents back on track developmentally; that is, to orient the adolescents to positive ways of structuring time and to future life and career objectives.

The program is designed to provide a "highly structured program which is predictable for kids". The social and recreational components are intended to be appealing to adolescents and to build their confidence. Informants insisted that the program must provide a place the youth identify "as their own" and in which a "family life atmosphere" can develop.

Program activities were described as providing a context for "counselling in action". Problems emerge in the course of activities and are dealt with 'in vivo' through positive and negative feedback. Program activites are seen as providing numerous opportunities for positive peer interactions and for learning valuable social skills. Hopefully, the adolescents learn alternative ways to structure their time and to channel their energy. Each youth also has a primary program worker with whom he/she spends some individual time, who transports him/her home from the program and who undertakes some direct contact with his/her parents.

The Afterschool Program I is open to the adolescents Monday to Friday after school, for four to five hours each day. Program informants believed the standard level of participation for the adolescents was about three times a week, for a total of 10 to 15 hours of program involvement per week.

Each program afternoon and evening is divided into five basic parts in order to provide a predictable framework capable of accommodating both individual and group activities. The five basic components of a standard program day are as follows:

1. The Welcome Period (4:00-5:00 p.m.). Each youth is welcomed by a staff member and has the opportunity to discuss personal concerns and goals.

2. Supper (5:00-5:45 p.m.). A nutritious meal is provided. A salary for a 'housekeeper' is included in the program budget. Program staff encourage discussion of the evening's activities and plans for future events.

3. Chore Time and Individualized Activities (5:45-6:30 p.m.). Each adolescent is assigned a chore necessary for the program's functioning (eg. dishwashing, help to prepare the meal, clear the van, shovel snow, etc.). Homework, crafts, hobbies, board games, etc. occupy the young people after chores.

4. Planned Group Activities (6:30-8:00 p.m.). These recreational and social activities generally take place at community facilities. The youth participates with others in the community, in activities like swimming lessons, public swims, family badminton, etc. An effort is made to select activities which contribute to fitness, are interesting to the adolescents and require a low financial contribution, so that they can be continued by the youths in the future. Outdoor activities such as hiking are popular in good weather.

5. Travel Home (8:00-9:00 p.m.). The primary worker for each adolescent provides some individual time permitting a review of the day and a discussion of short-term goals as the youth is driven home.

Disengagement from the Aftershcool Program I is intended to be gradual with an attempt to place the youth in contact with outside community resources. The program includes a procedure to celebrate "successful" graduation from the program. A number of participants are referred elsewhere before achieving graduate status. A review of 49 cases in 1982-83 revealed that 35% of the adolescents formally graduated, 47% were discharged as inappropriate or referred elsewhere and 18% left on their own initiative. These percentages raise the question of why 65% of the adolescents entering the program did not 'graduate'.

Table 5.59
Afterschool Program I Basic Service Variables

		Average	Standard deviation	Relative ranking
Total focal family support prog. hours		345.90	281.00	high
Total all program hours		408.90	314.00	high
Number of focal prog. contacts per month	(c)*	12.00	4.75	high
	(p)*	5.67	5.68	
Time per focal prog. contact	(c)	4.38	1.2	high
	(p)	1.67	0.58	
Total hours focal prog.contact/mth	(c)	52.56	-----	very high
	(p)	9.50	-----	
Months case open since last opening		16.11	10.04	low-moderate
Number of collateral contacts		4.67	2.83	low-moderate

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* c: child (n=18)
p: parent(s) (n=3)

All of the measurements of the level of direct program contact for this Afterschool Program I sample presented in table 5.59 are the second highest of the family support programs reviewed for this study. The highest levels were those of the second Afterschool Program. The Afterschool Program I also provides 85% of the total of all formal program involvement with these families. These cases had been open, on the average, to the child welfare agency, about sixteen months.

5.4.1.6. Case Impacts

Program informants had a definite impression that the adolescents' involvement in the Afterschool Program I was "defusing" many situations, preventing family breakdowns and keeping kids out of trouble. Participation was considered to improve adolescent self-concept and self-confidence. Positive behaviour changes were noted such as more regular school attendance, improved hygiene and less antisocial/delinquent behaviour.

Table 5.60
Care Indicators at Time of Initial Field Interviews for the Afterschool Program I

	Relative Ranking	After school (19)	Same Agency (26)	Same Region (123)	Adoles cents (175)	Total Regular Cases	Compare A.P. I & Adolescents
Cases to care since last open	low-comparable	39%	74%	57.6%	61%	56%	x^2=1.09 p=.30
Time in care							
< 6 wks		0%	11%	26.6%	12%	22.2%	
6wks - <6 mths	comparable -more time	50%	42%	33.9%	31%	36%	
6mths- <1 yr		17%	26%	18.3%	28%	22%	
1 yr and more		33%	21%	21.1%	28%	21%	
Average total weeks in care	comparable	31	30	36	37	30	F=.04 p=.84
More than one time in care	high	71%	25%	37%	39%	39%	
All children returned home (% of those who were placed)	high	71%	45%	59.4%	39%	52%	x^2=2.09 p=.15

Table 5.61
Care Indicators at Time of Follow-up Case Reviews for the Afterschool Program I

column #	Relative Ranking (1)	After-school (13) (2)	Same Agency (20) (3)	Same Region (123) (4)	Adolescents (147) (5)	Total Regular Cases (6)	Compare col. #2 & #5 (7)
Cases open/ transferred	low-comparable	47.4%	56.5%	64.4%	59%	64.4%	$x^2=.51$ $p=.47$
Placed since 1st field interview	low	7.0%	40.0%	25.0%	34%	28.0%	$x^2=3.15$ $p=.08$
All children returned home	comparable -low	57.0%	68.0%	75.0%	52%	75.0%	$x^2=.000$ $p=1.0$

There is some indication that a smaller percentage of the Afterschool Program I sample went to care, than the major comparison groups. For the time period between the initial and follow-up case reviews, only 11% (2/19) of the program sample had any children in care. The comparable figure for the adolescent comparison group was 32% (62/192) and 31% (8/26) for the same agency comparison group. A smaller percentage of these program cases went to care prior to the initial case reviews than any of the major comparison groups. However, in contrast to the adolescent comparison group, this difference was not significant ($x^2=1.09$, $p=.30$). Of those children that did go to care at the time of the initial review, a higher percentage were at home for the Afterschool Program I sample than the major comparison groups including the adolescent comparison group ($x^2=2.09$, $p=.15$). Small numbers reduce the value of these significance tests; for example, only seven Afterschool Program I cases went to care at all. It is clear that a comparatively low percentage of the Afterschool Program cases had children placed between the initial and follow-up case reviews. Those program cases that did have children placed in this time period had the children remain in care for a comparable time period to the comparison groups.

It should be emphasized that the small size of these program samples limits the generalizations that should be made from these findings. The impact of these family support programs might vary dramatically as the groups of participants vary. However, the main purpose of these program reviews was not definitive program evaluations but the generation of insights into family support interventions in child welfare. These program reviews do not provide an adequate basis upon which to make a final judgment about the effectiveness of these family support programs.

Table 5.62

Percent Decline in Average Count on Problem Indices between Initial Research Interview & Follow-up Review for the Afterschool Program I Cases

Problem Index	Relative Ranking	After school (19)	Same Agency (26)	Same Region	Adoles cents	Total Regular Cases	Total Program Cases
Inadequate Parent-Child Relationship	high	64%	67%	48%	52%	46%	51%
Antisocial/ Delinquent Behaviour (Child)	high-comparable	65%	80%	55%	57%	49%	52%
Low Income/ Unstable Neighbourhood	high-comparable	28%	44%	15%	10%	13%	29%
Low Service, Low Support Neighbourhood	high	85%	79%	37%	36%	52%	55%
Poor, Low Functioning Parent	high	91%	76%	56%	67%	63%	66%
Behavioural/ Emotional Problems (Child)	high	71%	74%	51%	61%	48%	45%

Table 5.63
Percent of Positive Change on Items on Problem Indices reported for the Afterschool Program I Cases at the Follow-up Review

Problem Index	Relative Ranking	After school (13)	Same Agency (20)	Same Region	Adoles cents (122)	Total Regular Cases	Total Program Cases	Compare A.P.I & Adoles.
Inadequate Parent-Child Relationship	comparable	49%	59%	53%	51%	53%	51%	F=.26 p=.61
Antisocial/ Delinquent Behaviour (Child)	comparable	52%	66%	57%	56%	57%	52%	F=.17 p=.68
Low Income/ Unstable Neighbourhood	comparable	35%	28%	29%	29%	25%	32%	F=.05 p=.82
Low Service, Low Support Neighbourhood	high	67%	65%	50%	50%	48%	59%	F=1.6 p=.21
Poor, Low Functioning Parent	high-comparable	79%	74%	61%	63%	64%	62%	F=.59 p=.45
Behavioural/ Emotional Problems (Child)	comparable	60%	55%	54%	59%	55%	53%	F=.01 p=.91

Table 5.62 compares the average problem item count on the problem indices for each comparison group between the initial and follow-up case reviews. On these indicators, the positive change rates for the Afterschool Program I are very good across all these problem indices. These comparatively positive change rates are particularly noticeable in contrast to the adolescent comparison group. The greatest relative difference was on the Low Service, Low Support Neighbourhood index.

Table 5.63 looks at the positive change rates on the problem indices for those individual cases for which this information was supplied in the follow-up case reviews. On these measurements, the Afterschool Program I is basically comparable to the major comparison groups. There is some indication of a higher change rate on the Low Service, Low Support Neighbourhood index; however, there were only four program cases with any problems on this index in this calculation.

Table 5.64
Average Change Scores for Major Goal Categories for the Afterschool Program I Cases

Goals	Relative Ranking	After school (19)	Same Agency (26)	Same Region	Adoles cents	Total Regular Cases
Improved parenting	low-comp.	2.73	3.08	3.03	3.00	3.03
Improved emotional climate in home	comparable	2.75	3.21	2.90	2.80	2.95
Improved household management	N.A.	**	3.20	3.02	3.45	3.06
Improved marital relations	comparable	2.80	2.78	2.98	2.9	3.02
Linkage with other resources	N.A.	**	4.00	3.74	3.4	3.54
Return child home	high	3.67	3.17	3.49	2.90	3.27
Improved child functioning	low-comparable	2.69	3.03	2.99	2.90	3.04
Improved parent functioning	low-comparable	2.75	3.17	3.08	3.05	3.12
Improved school performance	low-comparable	2.50	3.12	3.29	2.90	3.15

** These were not a goal in any of these cases

The child protection workers ratings of case goal attainment at the time of the initial case reviews indicate that the positive change rates for the Afterschool Program I sample were essentially comparable to the other groupings. There is a suggestion of a higher success rate on the goal of returning children to their own homes for the program sample. It is worth noting that there is limited indication of superior positive change rates on either the problem indices or the goal ratings that pertain specifically to the adolescents' behaviour or personal problems.

There is weak evidence from this analysis for claiming superior positive outcomes for this Afterschool Program I sample on the child placement indicators. There is some indication of a lower rate of placement of the adolescents in the program cohort and the return home rate for those adolescents that werm placed appears good. These positive impacts on the care indicators receive some confirmation from the analysis of the comparable Afterschool Program II. Overall, there was a lower incidence of adolescents in care for the Afterschool Program samples.

However, there was not a consistent pattern of more positive change on the remaining family and child problem indicators for the program sample. Table 5.65 shows that the long-term expectations of the child protection workers for this sample are not essentially different from the relevant comparison groups.

Table 5.65

Child Protection Worker Judgements Concerning Probable Final Disposition of the Afterschool Program I Cases

FOLLOW-UP REVIEW	Relative Ranking	After school (19)	Same Agency (23)	Same Region	Adoles cents (122)	Total Regular Cases	Total Program Cases
Child will be in care	low-comp.	10.5%	8.7%	10.2%	14.9%	7.9%	10.5%
Child will be home and case open	low-comp.	15.8%	17.4%	24.2%	18.2%	27.1%	21.6%
Child will be home and case closed	comparable	26.3%	30.4%	30.6%	27.9%	25.4%	30.9%
INITIAL REVIEW					Total Data Set		
Child will be in care	comparable	16%	15.4%	13%	14.3%		
Child will be home and case closed	comparable -high	37%	29%	34%	34.7%		

5.4.2 Afterschool Program II: Ottawa Children's Aid Society

5.4.2.1. Philosophy and Rationale

> "What (the Afterschool Program II) means to me... is a place to get away from home and your parents... you meet many new friends and learn to do different things, eg. skiing and lots of new games that you learn at the gym. You also have responsibility - like cooking supper and doing chores".
>
> Tammy, age 13

> "(the Afterschool Program II)... helps me deal with family problems, helps me learn to handle the outside world. We stay physically fit".
>
> Barry, age 14

The Afterschool Program II was developed in 1977 as a milieu treatment program for adolescents and their families in order to permit participating adolescents to remain at home. The program attempts "to expand the youth's understanding of the range of choices about behaviours available to him or her" and to encourage responsible decision making. There is a desire to increase the youth's independence, self-sufficiency and civic responsibility and to foster more harmonious relationships within the family. The program provides an "alternative, positive peer reference group" and is designed to improve the adolescents' school attendance and performance and to help the youths to feel a part of the community. There is a clear intent behind the program to reduce the use of residential care for adolescents in a cost-effective manner.

5.4.2.2. Development and Administration

The Afterschool Program II was developed in response to a perceived increase in the number of adolescents being placed in residential care facilities. Initially, the program was financed by a Canada Works grant. By 1982, 70% of the program's direct costs were covered by the budget of the child welfare agency. The program is situated in an older house in a residential neighbourhood. A house with kitchen facilities, adequate space and easy access to transportation and community facilities was seen as necessary for this type of program.

Good communication between child protection workers as well as agency management and the program was considered important to successful program development and operation. Frequent meetings and continuing explanation of the program are useful as is a clear definition of the respective roles of child protection workers and program workers.

Informants felt that the relatively intense involvement of the program workers with the adolescents gave them some unique and valuable insights. Yet there was a general perception by program personnel that they did not receive the recognition or the remuneration their contributions merited. This perception endured despite generally positive and supportive relations with child protection workers. One of the consequences of moving towards a family support model in child welfare is the introduction of new and varied ways of helping as well as various types of helpers. Inevitably there will be status and role ambiguities and there will be competition and sometimes conflict. In addition, for each of the family support programs reviewed, the issue was raised of the child protection workers' desire to maintain their professional prerogatives and, in particular, to maintain control over the helping process. Finally, a third consequence of a shift towards a family support orientation is a possible redefinition and broadening of a child protection worker's responsibilities.

The Afterschool Program II was staffed by a half-time program supervisor, a unit assistant and four program workers. There were some volunteers and a child care student had been placed with the program.

The Afterschool Program II supervisor assumes the normal duties of a Children's Aid Society supervisor. She also screens referrals, arranges intake meetings, attends case conferences and all formal meetings and interviews with the adolescents and their families. She assumes both group and individual supervision responsibilities with the program workers.

Program workers have work and educational backgrounds in child care or social service. There is a deliberate equilibrium maintained between male and female workers in order to provide proper role models for the male and female adolescents in the program. Certain personal traits were considered to be important in the program workers: "a thick skin", patience, a sense of humour, a high level of energy, a belief that the adolescents can change for the better and an enthusiasm for the family support approach of the Afterschool Program. Group skills are a definite asset.

Program workers develop and implement the weekly program activities. Workers are also the primary workers for several adolescents (approximately 4) who they provide with some one-to-one time, transportation from the program and contact with the parents. They also facilitate the establishment of individual program goals for each of these adolescents and they are responsible for the regular review with the adolescents of their progress towards accomplishing these goals. The program emphasis on cooperative planning and group activities makes animation and leadership major components of the program worker's job. Volunteers have been used to tutor adolescents and to assist with craft activities and food preparation.

As with most of the family support programs reviewed, Afterschool Program II program workers reported a high level of satisfaction with their jobs. They credited the variety of settings and tasks in their jobs, a challenging and animated work atmosphere, mutual support among program staff and positive feedback about the program for their satisfaction. The pace of the work in the Afterschool Program II and the personal investment of the program workers may justify a concern with the potential for worker 'burn-out'. Yet program staff turnover has been low and staff have remained enthusiastic. Nevertheless, experience elsewhere suggests the need to monitor the risk of burnout in high level, multi-faceted or open-ended programs.

5.4.2.3. Direct Program Costs

Direct program costs were difficult to determine accurately for the Afterschool Program II since important variables such as average case duration and number of cases in the program at one time were apparently in flux. Nevertheless, for our present purpose of cross program comparisons, these estimates are adequate. Yet this program review suggested two themes that were common to all eight family support programs reviewed:

- the parameters of key program variables (eg. type of participants, duration of involvement, worker-participant ratio, etc.) evolved and did not generally reflect programming decisions,
- basic information on these key program variables was not available in useful format.

It is the judgement of the research team that program personnel should be lauded for their initiative and hard work in developing these family support programs. Yet, equally important, the opportunities to move beyond this current state of family support programming exist within the Ontario child welfare system. However, the daily demands on family support program personnel make it unreasonable to expect they will be able to remedy these deficiencies on their own or even that individual child welfare agencies can do so.

Table 5.66
Afterschool Program II Direct Program Costs and Staffing -- 1983-84

Projected actual program budget	$165,805.37 ($96,719.80 Jan.-July, 1983)
Forecast budget allocation	$150,342.86 ($87,700.00 Jan.-July, 1983)
Average number of program participants per month	16 adolescents
Projected average length	6 to 9 months (1982 actual= 4.2 mths)
Projected participants/yr	32 adolescents (1982 actual= 51)
Cost per participant/mth	$ 863.57
Cost per participant/yr	$ 10,362.84
Cost per case episode	$ 5,181.42 (6 mths) $ 7,772.13 (9 mths)
Program staff	- program director (half time) - unit assistant - four program workers

The direct program costs for the Afterschool Program II were by far the highest of the family support programs reviewed and at least twice the average costs for the comparable Afterschool Program I. These differences confirm earlier observations in the review of the program evidence (Canadian Sociotelic Limited, 1983) and in an independent review of alternative programs in child welfare in Ontario (Hornick et al., 1984). There is great variation in direct program costs across family support programs and frequently the rationale for these differences is not evident. It is quite clear that differences in key programming parameters have dramatic implications for program costs. While the positive impacts for the Afterschool Program II cases are more evident than for the Afterschool Program I sample, it is simply not possible in the current state of family support programming to make informed decisions about where the balance between high levels of personal support and less expensive service shoud be. A single-minded emphasis on lowering unit costs might well result in less effective intervention and, in fact, a greater waste of scarce resources.

The following table summarizes the differences between the two Afterschool Programs on major programming parameters.

Table 5.67
Programming Parameters for Afterschool Program I and Afterschool Program II -- 1983-84

	Afterschool Program I	Afterschool Program II
Number of program staff	1 coordinator 3 prog.workers	1 coor.(half-time) 4 prog.workers
Average number of prog. participants per month	20	16
Ratio: worker/participant	1:6 1:7	1:4
Average duration of prog. participation	5-6 mths	6-9 mths
Average total hours of participation	345.9	409.5
Average monthly hours of participation	52.56	72.25
Average cost per case episode	$2,932.60	$5,181.42

It is important to remember that these programming parameters as well as the program impacts can change very quickly as the cohort of participants in the program changes. However, it is clear that family support programs with an intensive 'treatment' focus are relatively expensive.

5.4.2.4. Participants

Program informants described about half of the participating families as the 'working poor' or single-parent families. A significant minority was identified as adoptive families at risk of breakdown. Many of the families reportedly had a history of involvement with child welfare and other social service agencies. Virtually all of the participating parents had at some point requested society care for the participating adolescent. Informants described typical problems presented by these families as including:

- parent-child conflict
- delinquent behaviour and sexual or aggressive acting-out by the adolescent
- self-destructive behaviour of the adolescent
- school difficulties
- troubled relations between the adolescent and his/her peers
- alcohol or drug abuse by the adolescent
- the adolescent being the victim of sexual or physical abuse.

All of the participating adolescents must be between 13 and 15 years of age and must be attending school or agree to return to school. Adolescents must voluntarily agree to participate in the program. The Afterschool Program II was not considered to be an appropriate intervention for adolescents with violent or chronically severe behaviour problems or extreme emotional problems, or for mentally disabled adolescents.

Table 5.68
Basic Demographics Afterschool Program II

	Afterschool Prog.II (23)	Regular Cases(362)	Relative Ranking
Age of children			
% infants	0%	25%	lowest
% preschoolers	8%	38%	lowest
% preadolescents	33%	48%	low
% adolescents	54%	37%	high
Average number of children	2.17	2.19	comparable
Mom under 25	4.5%	35.3%	low
Average age Mom	39	31	highest
Average age Dad	43	36	highest
Single parent	52.2%	52%	comparable

Table 5.69
Distribution of Children-at-Risk for the Afterschool Program II

	Afterschool Prog.II (23)	Regular Cases(362)	Relative Ranking
Age of children			
% infants	0%	16%	lowest
% preschoolers	2%	36%	low
% preadolescents	15%	31%	low
% adolescents	51%	32%	high

The basic demographics for this program group are very similar to those for Afterschool Program I. The primary ages of children in these families are preadolescents and adolescents although the split between these two categories is much more even than for the first Afterschool Program. Family size is smaller and about half of these families are single-parent families. The average age for parents in both program groups is about forty. As with the first Afterschool Program, virtually all of the adolescents in these families were perceived by the child protection workers as being at risk of child abuse or neglect.

Table 5.70
Distribution of Case Presenting Problems for the Afterschool Program II

	Afterschool Prog.II (23)	Regular Cases(362)	Relative Ranking
neglect	15.4%	42%	low
child delinquence	61.5%	40%	high
physical abuse	41.0%	34%	high
emotional rejection	53.8%	32%	highest
marital discord	23.1%	26%	comparable
parent delinquence	2.6%	20%	lowest
sexual abuse	15.4%	10%	high
failure to provide medical care	0.0%	9%	lowest
concrete material needs	0.0%	8%	lowest

The range of problems presented by the Afterschool Program II sample is broader than those for the Afterschool Program I. For both samples, the major presenting problems were child delinquent/ antisocial behaviour, the emotional rejection of the adolescent by the family and the risk of physical abuse of the child. The Afterschool Program II sample also includes a higher risk of sexual abuse of the adolescent and marital discord. It seems that the Afterschool Programs are supporting families where the dangers of rejection and abuse to the child as well as family breakdown are immediate. Under 'normal' circumstances, a high level of adolescent placement might be a reasonable expectation for this population.

Table 5.71

Comparison of Afterschool Program II cases on Problem Indices (average count)

Problem Index	Relative Ranking	Aft'schl Prog. II (23))	Same Agency (39)	Same Region	Adolescents (157)	Total Regular Cases	Total Program Cases	Comparison between col. 2 & 5
Column #	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Inadequate Parent-Child Relationship	highest	7.3	5.5	5.93	6.38	5.47	6.14	F=3.15 p=.08
Antisocial/ Delinquent Behaviour (Child)	high-comparable	3.5	2.15	2.4	3.58	2.1	2.16	F=.05 p=.82
Low Income/ Unstable Neighbourhood	low-comparable	1.6	3.0	2.4	1.5	1.85	1.84	F=0.11 p=.74
Client Motivation	high-comparable	2.7	2.3	2.26	2.42	2.43	2.53	------
Low Service, Low Support Neighbourhood	comparable	1.18	1.23	1.16	1.2	1.6	1.58	F=.002 p=.96
Poor, Low Functioning Parent	lowest	0.46	2.8	2.02	1.45	2.06	2.09	F=7.37 p=.007
Behavioural/ Emotional Problems (Child)	high-comparable	2.4	1.8	1.8	2.5	1.71	1.7	F=.004 p=.95

The Afterschool Program II sample was comparable to the adolescent comparison group on the Antisocial/Delinquent Behaviour (Child) index and the Behavioural/Emotional Problems (Child) index and had a higher average problem count on the Inadequate Parent-Child Relationship index (F=3.15; p=.08). These represent the major problem areas for this sample of cases. There is an indication that this Afterschool Program II cohort had fewer problems of individual poverty or parental low functioning than the major comparison groups. When compared to the sample of cases from the same region (n=86), the Afterschool Program II had more parent-child relationship problems (F=3.2, p=.07), more antisocial and delinquent behaviour (F=11.88, p=.008) and more child behavioural and emotional problems (F=5.4, p=.02). The program sample, however, had fewer difficulties with neighbourhood (F=33.86, p=.000) and individual poverty(F=38.4, p=,000). Perhaps the most relevant conclusion from this analysis is that both Afterschool Program samples were quite representative of the problems presented by all the other adolescents in this data set.

5.4.2.5. Services

Most of the participating adolescents have open child protection cases and many are reportedly referred when the breakdown of the family unit is an immediate possibility. At the time of this program review, outside referrals were beginning to be accepted from the court and other social agencies. Potential cases are screened by the program supervisor who arranges an intake conference between the referring worker and the program staff. If the referral is accepted, a meeting is scheduled between the primary program worker, the child protection worker and the family to explain the program. A one-month commitment to the program is requested from the adolescent and the parent(s). At the end of this assessment period, the parent(s), the adolescent, the child protection worker and the program worker specify program goals in a formal service contract.

Program informants claimed there was a relatively low drop-out rate from the Afterschool Program II. However, a 1983 program evaluation by D.A. Andrews and David Robinson of Carleton University indicated that of 146 cases referred to the Afterschool Program II, 84 (57.5%) eventually had direct involvement with the program. Data on the 64 referrals who did not participate in the program showed that they had more problems and less motivation than the participating adolescents. In the opinion of the research team, the concepts of client motivation and ability constitute an additional group of useful organizing concepts for family support design. The usefulness of these concepts will be discussed in the concluding section of this chapter.

Overall case management responsibilities remain with the child protection workers for these program families. There has been an attempt to implement a goal-attainment scaling component to the After-school Program II contracting and case review procedures. However, this attempt at scaling has not been adhered to with any regularity. It has been described as "too time consuming". It seems evident from this review of family support programs that any information gathering or evaluation methods for these family support programs must be concerned with basic information and must be relatively simple. Such procedures will have to be implemented by family support program workers and will need to be understood and valued at this level.

The Afterschool Program II regularly involves 16 adolescents (male and female) after school for three evenings per week, from 3:30 p.m. to 9:00 p.m.. An optional evening is available from 6:30 p.m. to 8:30 p.m. Primary program workers transport their adolescents home from the program activities. Program informants estimated that the average adolescent was directly involved with the program for about 15 hours per week and that in 1983-84 the average duration of program involvement was between six to nine months.

In a typical program evening, arriving adolescents divide into two groups, each with male and female members, co-lead by a male and a female program worker. These groups are the basic program vehicles for planning and activities. The groups are "activity-oriented trying to provide an amalgam of structured programming and free-flow opportunities". The problems the group members present are used to focus on cooperative efforts and positive social interactions as well as on the development of new life skills. The group is intended to represent an alternative positive peer reference group. The program is composed of the following basic elements:

- Free time (3:30 - 4:30 p.m.)
  Time is spent chatting about the day, having a snack and relaxing. One adolescent acts as kitchen supervisor.

- House meeting: Weekly house meetings are used to share information, for group planning and decision making. The adolescents share the responsibility for chairing these meetings.

- Mealtime: The adolescents take turns in planning and preparing the meal, doing the shopping and doing the chores afterwards. Mealtime is used to practice social skills. Guests are often invited.

- Quiet time: Time is set aside for the completion of homework and school projects or reading.

- Evening activity: Activities are planned on a monthly basis by the group. They usually combine a learning and recreational focus (eg. movies, swimming, crafts, gym nights, roller skating, visiting the police station, using neighbourhood & community facilities).

- Optionals: On Wednesday evenings, an after dinner optional night is offered. This evening is open to past graduates of the program and to friends of participants in the program (usually about 12 people attend).

  A program newsletter is produced by the youths and speakers have been invited to talk on a wide variety of topics.

- Summer program: The summer program includes a variety of outdoor programs and lengthy preparation (swimming & canoeing lessons, water safety, shopping, packing) for a five day group camping experience.

- Parents' group: A parent group is run weekly. The agenda are adjusted to parents' needs. A variety of formats is used to teach parenting skills and parent-child communication. In 1982, only six of 30 eligible parents attended and even their participation was irregular. Since then, participation has improved but it is still not at levels comparable to the youths' participation.

Parents are also encouraged to attend recreation nights with their children, to provide transportation and to become involved in program planning and house activities.

There are no formal exit criteria for the program. Youths leave when they are ready, when they have attained their goals, turn 16 or are connected with other community resources, or when they have been in the program for one year. At the time of the review, the waiting list for the program was creating pressure to move adolescents more quickly through the program. Graduates of the program receive a party in their honour. Program staff maintain contact for several weeks and invite the graduates to attend program optional nights.

Table 5.72
Afterschool Program II Basic Service Variables

		Average	Standard deviation	Relative ranking
Total focal family support prog. hours		409.50	293.00	highest
Total all program hours		488.90	336.00	highest
Number of focal prog. contacts per month	(c)*	14.45	5.01	highest
	(p)*	5.67	5.6	
	(b)*	2.75	3.5	
Average hours per focal program contact per month	(c)	5.00	---	high
	(p)	1.67	0.58	
	(b)	2.25	0.50	
Average total hours focalt/mth prog.contact/mth	(c)	72.25		highest
	(p)	9.47	----	
	(b)	6.19		
Months case open since last opening		16.35	10.30	low-moderate
Number of collateral contacts		5.26	2.51	moderate-low

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* c = child (22)
p = parent (3)
b = parent & child (4)

The basic parameters for this program are very similar to those of the Afterschool Program I. The two programs provide the highest levels of monthly and total direct program contact with families of any of the eight family support programs reviewed. The average time the cases for both Afterschool Program samples have been open to the child welfare agencies is about 16 months. In both situations, the large majority of the program support provided to the families comes directly from the Afterschool Programs. In both programs, almost all of the program support was provided directly to the participating adolescents. The monthly level of direct program contact for the Afterschool Program II is about 25% higher than the level for the Afterschool Program I sample.

5.4.2.6. Case Impacts

The program evaluation, by D.A. Andrews and David Robinson of Carleton University, based upon a review of 146 referrals to the program, compared those referrals that participated with those that did not and concluded:

> "the admission rate and the mean follow-up days in care for the high risk participants in [Afterschool Program II] were approximately half that found for the high risk non-participants. There was no consistent evidence of the value [of the program] for low-risk cases"

The positive impact of involvement in Afterschool Program II upon the incidence of child placement was substantiated by the present program review. In a rough calculation, Andrews and Robinson (p. 15) estimated that 85% of the direct program costs were recovered by the program in savings from the reduced placement of adolescents.

Table 5.73

Care Indicators at Time of Initial Field Interviews for the Afterschool Program II

	Relative Ranking	Aft'schl Prog. II (23)	Same Agency (39)	Same Region	Adolescents (156)	Total Regular Cases	Compare A.P.II & Adolescents
Cases to care since last open	very low	21.7%	56%	45.1%	61%	56%	x^2=10.9 p=.0009
Time in care							
< 6 wks	less time -more time	20%	9%	11.1%	12%	22.2%	
6wks - <6 mths		40%	36%	38.9%	31%	36%	
6mths- <1 yr		0%	27%	20.4%	28%	22%	
1 yr and more		40%	27%	29.6%	28%	21%	
Average total weeks in care	comparable	27	36	30	37	30	F=0.16 p=.69
More than one time in care	comparable	40%	48%	36.4%	39%	39%	
All children returned home	low	20%	55%	42.6%	39%	52%	x^2=.17 p=.68

Table 5.74

Care Indicators at Time of Follow-up Case Reviews for the Afterschool Program II

	Relative Ranking	Aft'schl Prog. II (20)	Same (28)	Same Region	Adolescents (139)	Total Regular Cases	Compare A.P.II & Adolescents
Cases open/ transferred	low	35%	75%	61.4%	59%	64.4%	x^2=3.17 p=0.08
Placed since 1st field interview	comparable	33%	21%	20%	34%	28%	x^2=.000 p=1.0
All children returned home	comparable	68%	82%	69%	52%	75%	x^2=2.12 p=0.15

The pattern of results on these care and case closure indicators, while similar to those for Afterschool Program I, is clearer for the Afterschool Program II sample. The percentage of cases that had ever spent any time in care for the time period covered by the initial case reviews was significantly lower for the Afterschool Program II sample than for the adolescent comparison group (x^2=10.9, p=.0009). Also, more program cases were closed at the time of the follow-up case reviews than the adolescent comparison group (x^2=3.17, p=.08). For those program adolescents who did go to care during this period, the return rate to the home was good (x^2=2.12, p=.15). Indeed, there seems to be a pattern at follow-up of the cases either being closed or the adolescents having spent some time in care. Given the description of the adolescents participating in the Afterschool Program II, it is reasonable to argue that the Afterschool Program option does provide a valuable alternative to the placement of adolescents in periods of high risk of family breakdown. The case closure rates suggest the program may also be relatively successful in permitting the adolescents to function independent of agency support. However, this latter conclusion was not apparent in the review of the Afterschool Program I.

Table 5.75

Percent Decline in Average Count on Problem Indices between Initial Research Interview & Follow-up Review for the Afterschool Program II Cases

Problem Index	Relative Ranking	Aft'schl Prog. II (23)	Same Agency (39)	Same Region	Adolescents (156)	Total Regular Cases	Total Program Cases
Inadequate Parent-Child Relationship	low	42%	61%	50%	52%	46%	51%
Antisocial/ Delinquent Behaviour (Child)	low	46%	68%	53%	57%	49%	52%
Low Income/ Unstable Neighbourhood	low	6%	30%	14%	10%	13%	29%
Low Service, Low Support Neighbourhood	high	81%	54%	64%	36%	52%	55%
Poor, Low Functioning Parent	low	30%	76%	69%	67%	63%	66%
Behavioural/ Emotional Problems (Child)	low-comparable	49%	59%	50%	61%	48%	45%

Table 5.76
Percent of Positive Change on Items on Problem Indices for the Afterschool Program II Cases at the time of the Follow-up Review

Problem Index	Relative Ranking	Aft'schl Prog. II (21)	Same Agency (28)	Same Region	Adolescents (115)	Total Regular Cases	Total Program Cases	Comparison between col. 2 & 5
Column #	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Inadequate Parent-Child Relationship	comparable	49%	59%	54%	51%	53%	51%	F=0.10 p=.75
Antisocial/ Delinquent Behaviour (Child)	comparable	59%	73%	58%	56%	57%	52%	F=.23 p=.64
Low Income/ Unstable Neighbourhood	comparable	33%	31%	24%	29%	25%	32%	F=.19 p=.67
Low Service, Low Support Neighbourhood	high	82%	22%	64%	50%	48%	59%	F=7.9 p=.006
Poor, Low Functioning Parent	low	47%	75%	66%	63%	64%	62%	F=1.4 p=.25
Behavioural/ Emotional Problems (Child)	comparable	57%	65%	57%	59%	55%	53%	F=.03 p=.86

There is little evidence in tables 5.75 and 5.76 for a higher positive change for the Afterschool Program II cohort on these problem indicators. The results on the two child problem indices in table 5.75 are lower for the program, probably reflecting the higher program case closure rate and the poorer outcomes in the sample of program cases still open for the follow-up case review. Table 5.76 indicates a comparable change rate for the Afterschool Program II sample on the two child problem indices. If the measurements for the positive change rates on the problem indices at the time of the initial case review are used then there is a suggestion of a higher positive change rate for the Afterschool Program II cohort in contrast to the adolescent comparison group (n=148) on the Antisocial/Delinquent Behaviour (Child) index (F=2.8, p=.09) and the Behavioural/Emotional Problems (Child) index (F=3.01, p=.08). The change scores on the major case goals in table 5.69 do not clearly indicate a higher rate of positive change for the Afterschool Program II sample. There is a clear indication of greater success at connecting the family with the services and supports in tables 5.75 and 5.76.

Table 5.77

Average Change Scores for Major Goal Categories
for the Afterschool Program II Cases

Goals	Relative Ranking	Aft'schl Prog. II (23)	Same Agency (39)	Same Region	Adolescents (156)	Total Regular Cases
Improved parenting	comparable	2.9	2.95	2.97	3.00	3.03
Improved emotional climate in home	comparable	2.9	3.18	3.04	2.80	2.95
Improved household management	low	2.5	2.8	3.04	3.45	3.06
Improved marital relations	comparable	3.1	3.38	2.93	2.9	3.02
Linkage with other resources	comparable	3.3	3.7	3.26	3.4	3.54
Return child home	comparable	2.85	3.0	2.88	2.9	3.27
Improved child functioning	comparable-high	3.22	3.6	3.2	2.9	3.04
Improved parent functioning	low-comparable	2.7	2.92	2.9	3.05	3.12
Improved school performance	comparable	2.93	3.0	3.04	2.9	3.15

Table 5.78

Child Protection Worker Judgements Concerning Probable Final Disposition of the Afterschool Program II Cases

FOLLOW-UP REVIEW	Relative Ranking	A.P. II (19)	Same Agency (35)	Same Region	Adolescents	Total Regular Cases	Total Program Cases
Child will be in care	high	26.3%	2.9%	13.3%	14.9%	7.9%	10.5%
Child will be home and case open	low	5.3%	40.0%	19.2%	18.2%	27.1%	21.6%
Child will be home and case closed	comparable	26.3%	22.9%	23.3%	27.9%	25.4%	30.9%
INITIAL REVIEW					Total Data Set		
Child will be in care	comparable	19%	18.4%	18.0%	14.3%		
Child will be home and case closed	high	43%	33.0%	33.0%	34.7%		

The child protection workers were less optimistic about those cases for which information was available during the follow-up review than for the initial sample of program cases. There is some confirmation to the early observation that these program cases either will go to care or will be closed.

The clearest indication from this analysis of the case impacts for the Afterschool Program II sample is that the program can be a valuable alternative to child placement during periods of high family stress. There is also some evidence of a higher case closure percentage for the Afterschool Program II group. Given the nature of the presenting problems for this program sample, these results are very encouraging.

The overall evidence on the potential of the Afterschool Program model to prevent family breakdown in periods of tension is clear and positive. The evidence of the potential of the Afterschool Program approach to address the longer term support needs of these families is mixed.

5.4.3 Summary of Afterschool Programs

Afterschool programs provide a place for adolescents to go three or four times a week for the late afternoon and early evening. These programs work with families where the adolescents' behaviour is a concern and frequently where the placement of the adolescent is an immediate possibility. These afterschool programs operate out of houses close to public transportation and community recreational facilities. These are 'milieu treatment' programs in which structured group activities provide opportunities for adolescents to develop positive peer relationships and to learn new social and life skills. These programs are characterized by the high levels of direct contact with the adolescents and by the variety of activities in which the adolescents are involved. The youth participates in activities such as group discussions, individual counseling, camping, hiking, crafts, sports, planning the program, chores, homework and tutoring, hearing guest speakers and visiting community facilities. The programs do not accept youths with severe behaviour, emotional problems or the mentally disabled.

Summary Table 5.3
Program Parameters for the Afterschool Program I and Afterschool Program II -- 1983-84

	AFTERSCHOOL PROGRAM I	AFTERSCHOOL PROGRAM II
Direct costs:		
annual budget	$117,304	$165,805
cost/case episode	$ 2,932 (high) *	$ 5,181-7,772 (very high)
Staff:	-1 program director -3 female program workers	-1 program supervisor (half-time) -2 male program workers -2 female prog. workers -1 unit assistant
Participants:	-preadolescents & adolescents between 11 & 16 yrs old -84% male -44.4% single parents -antisocial/delinquent behaviour problems child (comparable) -behaviour/emotional problems child (comparable) -inadequate parent-child relationship (low-comparable)	-adolescents between 13 & 15 yrs old -voluntary participants -52.2% single parents -some adoptive families at risk -request for child placement -antisocial/delinquent behaviour prob.child (comparable) -behaviour/emotional prob. child (comparable) -inadequate parent-child relationship (high) -school difficulties -high risk of neglect, physical & sexual abuse, rejection
Services:		
worker-youth ratio	1:6	1:4
involvement	6 months	6 to 9 mths
direct contact/mth	53 hrs (high)	72.25 hrs (very high)
total direct contact	345.9 hrs (high)	409.5 hrs (very high)
Impacts:	-weak evidence of less youths placed and good return rate to home -good connection to services and supports	-less youth placed -more cases closed -good return rate to home -weak evidence of superior
positive change on child problems		
		-good connection to services and supports

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* These rankings are in comparison to the remaining seven family support programs reviewed.

The Afterschool Program II had about a 25% higher level of monthly contact with youths, a lower worker-youth ratio and a longer time of program involvement than the Afterschool Program I. There was some indication that the Afterschool Program II placed a higher emphasis on youth responsibilities in program planning and implementation and on school problems. The range of activities also appeared wider for the Afterschool Program II. The youths and their families participating in the Afterschool Program II presented a broader range of problems and higher average problem counts than the Afterschool Program I. Program costs were twice as high for the Afterschool Program II. As with the homemaker and child management programs, it is clear that family support programs with the same basic conception can differ substantially in terms of participants, services and program results.

The positive impacts on child placement and case closure indicators were much clearer for the Afterschool Program II than for the Afterschool Program I. The strongest evidence for superior performance on these care and case closure indicators in these eight program reviews came from the Self-Help Program and Afterschool Programs. These two program options stressed high levels of direct contact, mutual support among peers and a variety of recreational, social and education activities. The least impact on these care and case closure indicators was for family suppport programs that emphasized a single helper and provided lower levels of direct program contact. There was no evidence from these program reviews for a connection between superior positive change in individual and family abilities (eg. parenting) and lower rates of family breakdown. The implications of these observed patterns are discussed in the concluding section of this chapter.

5.5 CHILD & FAMILY MANAGEMENT PROGRAMS

5.5.1 Child & Family Management Program

5.5.1.1. Philosophy and Rationale

The basic idea behind this program is to prevent family breakdown by teaching practical skills and methods of child management to parents. It is based upon the premise that parenting and child management deficiencies are central child welfare concerns and that "parenting is a learned skill". Specific program objectives include:

1. "to increase child management skills of parents so that children may remain safely at home... or... may return home or... to prevent family breakdown... which seems inevitable without intervention..."
2. "to encourage positive play and communication between parents and children, and in so doing increase positive feelings in the family"
3. "to act as consultants and to provide resources and expertise to other professionals"
4. "to undertake public relations activities promoting the positive aspect of child welfare services and this agency".

5.5.1.2. Development and Administration

The Child & Family Management Program began in 1975 as a six month demonstration prevention project under a provincial grant. As a result, two permanent positions were created at the child welfare agency for child care workers. By 1979, the child care team had expanded to four workers and the population served increased to include county as well as city residents. The program was originally designed to complement and assist the child protection workers in their work with families. However, as the Child & Family Management Program evolved, the child care workers began to accept 'sole responsibility' for certain families. A group teaching component was added to the program in recognition of the commonalties among participating families.

Program informants described several factors that they considered to be important in the development of a program like the Child & Family Management Program:

- It is necessary to take time to develop the educational curriculum and methods of teaching as well as to familiarize the child care workers with this information. These child care workers took parenting and counseling courses to prepare for these tasks.
- Considerable time needs to be invested into explaining the program to child protection personnel and gaining their acceptance.
- It would be wise to expect both cooperation and competition between child care and social work professionals. Child care workers saw a potential for a greatly expanded role for child care professsionals in child welfare. It was emphasized that "certified child care workers with residential experience" brought a valuable knowledge of practical methods of child management not available to most social workers.

The Child & Family Management Program was staffed by four certified child care workers, one of whom was the team supervisor. The team supervisor reports to a unit manager. The unit manager, as a member of the agency management team, acts as a consultant to the program, facilitates in-service training and is responsible for handling discipline issues as well as providing a link with management and other sectors of the agency.

The team supervisor receives referrals, keeps the records for the program's waiting list and leads program team meetings. She participates in agency supervision and program management meetings. The program uses a peer group model of supervision. She is also directly responsible for a reduced number of program cases.

All program workers are certified child care workers with a minimum of two years of residential experience. Knowledge of group and family dynamics, and experience in working with families were considered assets. Child care training was presented as an excellent preparation for dealing with children's behaviour and as providing a practical basis upon which to establish relationships with parents. Child care workers carry about eight to ten cases at one time and provide in-home services to these families. Each worker also co-leads several parenting education groups run during the year. They are expected to maintain contact with the child protection workers involved with these families. Both the team supervisor and the child care workers make public presentations and conduct seminars when requested by community organizations.

Staff turnover was reported to be a matter of concern for the program. Key informants said that some program workers have left after two years in order to advance their careers. They described their jobs as equally relevant and stressful as those of the child protection workers but without comparable recognition or opportunities for advancement. All the child care workers in the program were recently made child welfare officers in order to be able to intervene in emergency situations when a child protection worker was not available. This new authority had not been used. It was acknowledged that there was some potential contradiction between this new authority and the program goal of establishing "non-threatening" relationships with program participants.

5.5.1.3. Direct Costs and Staffing

Calculation of average unit costs for the Child & Family Management Program was not straight forward. Some families received individual service only, some received individual and group services and others were involved in only the parents' groups. Individual cases were involved with the program for an average of 10 months while group cases received an average of three months of service. Program records reveal that 85% of direct service time is invested in individual service. For the purpose of the program comparisons in this review, cost estimates based upon the individual case sample are probably the most meaningful. The average costs per case episode for the Child & Family Management Program are moderate to high among the family support programs reviewed for this study. More important, these costs are two to four times higher than those of the Child Management Program reviewed in section 5.5.2.

Table 5.79
Child & Family Management Program
Direct Costs and Staffing — 1983-84

Direct program budget	$120,416
Average number of participants/month	35 individual cases 15 group only cases
Families served in year	64 individual cases (30 receive group services also) 59 group only cases 123 total cases
Cost per participant per month	$310.00 (35 ind.cases/month) $200.69 (50 ind.& group cases/month)
Average length of program involvement	10 mths individual cases 3 mths group only cases 8 mths combined average (35:15)
Cost per participant per year	$3,720 (35 ind.cases/month) $2,408 (50 ind.& group cases/month)
Cost per case episode	$3,100 (35 ind.cases/month) $1,605.52 (50 ind.& group cases/mth)
Program staff	unit manager (part time) team supervisor 3 child care workers.

Program records for May 25th to June 18th, 1982, indicate that 85% of the direct service contact was with individual families and of this contact 81% was with one or both parents. The Child & Family Management Program provides services basically through direct contact between a child care worker and an individual parent or a couple. Direct service contact with families or parent groups accounted for 43% of the child care workers' time during this period and travel took about 13.5% of their time.

5.5.1.4. Participants

Program informants said that many participants were single mothers. Many were low-income families often living in public housing. Parents were described as socially isolated and not receiving adequate support from their own parents and extended family. Many of these families were frequently disrupted by entering and departing adult males. A second cluster of program participants was identified as needing parenting skills in light of a specific problem (eg. the effect of a recent separation on the children). Most of the participating families had preadolescent children. Parents were generally considered to require household management, parenting and child care knowledge and skills. One program informant estimated that 10 to 15% of the parents participating in the program could neither read nor write. Children in many of these families frequently came to the attention of school officials because of academic and behaviour difficulties.

Table 5.80 confirms that almost all of this sample of participating families had preadolescent children. The second most common age group was preschool children. Thirty-eight percent of these families were single-parent families. Table 5.73 indicates that the percentage of children in these families judged by the child protection workers to be at risk of abuse or neglect was relatively low for the preadolescent category and high for the

Table 5.80
Basic Demographics for the Child & Family Management (C & F Mgt) Program Cases

	C & F Mgt (21)	Regular Cases(362)	Relative Ranking
Age of children			
% infants	19%	25%	low-comparable
% preschoolers	48%	38%	high
% preadolescents	90%	48%	very high
% adolescents	24%	37%	low
Average number of children	2.2	2.19	comparable
Mom under 25	29%	35.3%	low-comparable
Average age Mom	30	31	comparable
Average age Dad	36	36	comparable
Single parent	38%	52%	low-comparable

Table 5.81
Distribution of Children-at-Risk for the Child and Family Management Program Cases

	C & F Mgt (21)	Regular Cases(362)	Relative Ranking
Age of children			
% infants	5%	16%	low
% preschoolers	48%	36%	high
% preadolescents	67%	31%	high
% adolescents	24%	32%	low

Based upon the indicators in tables 5.82 and 5.83, this sample from the Child & Family Management Program presented the broadest range of problems and some of the highest problem counts of any of the eight family support program samples in this study. This program sample presented a relatively high frequency of problems of neglect, emotional rejection, marital discord, parental delinquence, sexual abuse and concrete material needs. On the counts in the problem indices, the Child & Family Management Program sample included high average counts on the Inadequate Parent-Child Relationship, the Low Service, Low Support Neighbourhood and the Poor, Low Functioning Parent indices. The program sample also had comparable-high counts on the two child problem indices. Clearly, these are poor and socially isolated families with behavioural problems of parent and child. In contrast with the sample of cases from the same region, the program sample had significantly more problems on the Low Service, Low Support and the Poor, Low Functioning Parent indices. These families had low ratings on the Client Motivation index. All of these measurements suggest these families represent difficult challenges for family support interventions.

Table 5.82
Distribution of the Presenting Problems for the Child and Family Management Program Cases

	C & F Mgt (21)	Regular Cases(362)	Relative Ranking
neglect	52.0%	42%	high
child delinquence	23.8%	40%	low
physical abuse	33.3%	34%	comparable
emotional rejection	43.0%	32%	high
marital discord	47.6%	26%	high
parent delinquence	38.1%	20%	high
sexual abuse	19.0%	10%	very high
failure to provide medical care	9.5%	9%	comparable
concrete material needs	28.6%	8%	very high

Table 5.83

Comparison of Child and Family Management Program Cases on Problem Indices (average count)

Problem Index	Relative Ranking	C & F Mgt (20)	Same Agency (29)	Same Region (183)	Non-Adoles cents	Total Regular Cases	Total Program Cases	Comparison between col. 2 & 4
Column #	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Inadequate Parent-Child Relationship	high-comparable	6.15	4.6	5.34	5.5	5.47	6.14	F=1.6 p=.21
Antisocial/ Delinquent Behaviour (Child)	comparable -high	2.3	1.93	2.27	1.51	2.1	2.16	F=.003 p=.95
Low Income/ Unstable Neighbourhood	low-comparable	1.6	1.79	1.9	2.04	1.85	1.84	F=0.75 p=.39
Client Motivation	low	2.1	2.2	2.26	2.31	2.43	2.53	-----
Low Service, Low Support Neighbourhood	high	2.6	1.34	1.25	1.80	1.60	1.58	F=14.6 p=.0002
Poor, Low Functioning Parent	high	3.5	1.5	1.9	2.64	2.06	2.09	F=12.4 p=.0005
Behavioural/ Emotional Problems (Child)	comparable -high	2.0	1.7	1.8	1.39	1.71	1.70	F=.44 p=.51

5.5.1.5. Services

Eighty-five percent of the referrals to the Child & Family Management Program come from the intake department of the child welfare agency. Referrals are also accepted from community agencies and from families directly. In this latter situation, a case assessment is completed either by the intake department or the Child & Family Management team. There is no formal admission criterion beyond a professional judgment that program involvement would be beneficial. Almost all referrals are accepted into the program. Program informants suggested that Child & Family Management Program services would be beneficial to most families needing child welfare services. There is usually a waiting list for entry into the program.

Cases are assigned to the child care workers at weekly program team meetings. Those referrals (about 50%) that involve some risk of abuse or mandatory protection are 'shared responsibility' cases under the case management authority of the child protection worker. Cases in which these factors are not a concern are the 'sole responsibility' of the child care worker.

Program workers typically carry eight to ten cases each. At the time of the review, the team supervisor was carrying two cases while the workers had seven, eight and ten cases respectively. The average case is open to the program for a period of eight to twelve months. Program informants stated that the child care workers typically see families one or two times a week for a total of two to five hours. In this sample of program cases, families were in direct contact with the program workers an average of eight hours per month. The levels of direct program contact, for both child management programs, were the lowest of any of the eight family support programs reviewed. In light of the research evidence on family support summarized in chapter one of this report and considering the high problem levels in these cases, it is reasonable to wonder whether any superior positive results should be expected from participation in the Child & Family Management Program. It is also appropriate to ask whether the actual helping provided by the child care workers is, in fact, substantially different from the assistance provided by the child protection workers. This would be of particular concern in the 'sole responsibility' cases. There would likely be a greater focus on child management methods in the Child & Family Management Program and caseloads are lower. But are the levels of service and the methods of helping different enough to make a difference?

There is a verbal contract established between the child care worker and the parents specifying the goals for the program involvement. Program informants described the program methods as "hands-on-being-there". Reportedly, child care workers can arrange their schedules to be with the family at stressful times (eg. mealtime, bedtime). The child care workers offer "practical advice and demonstrate child management methods". Program workers may sometimes discuss the parents' own parenting and the changes they would like to make in their relationships with their own children. Periodically, families are linked to community resources such as day care and public health, although this is not a major focus of the program.

Structured educational groups are run periodically for two hours per week for 10 to 12 weeks. Assistance with baby-sitting and transportation is offered to participants. The STEP and Ten Basic Steps curricula are followed in these groups. Groups are co-lead by two program workers. About 50% of the parents referred to a group in the urban area do not participate; the county's participation rate is higher. This participation rate is consistent with the rates for the other group programs reviewed in this study. Program informants considered that the group format allowed a larger number and wider range of families to be helped by the program. Groups were described as less threatening to participants and good for the child welfare agency's public image.

Table 5.84
Child and Family Management Program
Basic Service Variables

		Average	Standard deviation	Relative ranking
Total focal family support prog. hours		85.3	95.0	low
Total all program hours		279.0	305.0	moderate -low
Number of focal prog. contacts per month	(p)*	4.0	0.0	very low to low
	(m)*	5.33	2.8	
	(b)*	6.0	2.8	
	(c)*	4.0	0.0	
Average time per focal program contact	(p)	1.73	0.9	moderate to low
	(m)	2.44	1.59	
	(b)	2.0	---	
	(c)	2.0	0.0	
Total hours focal prog.contact/mth	(p)	6.92	---	very low to low
	(m)	13.01	---	
	(b)	12.0	---	
	(c)	8.0	---	
Months case open since last opening		41.4	30.1	very high
Number of collateral contacts		9.2	4.62	very high

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* p = parent-child (n=11)
m = mother (n= 9)
b = both parents (n= 2)
c = child (n= 1)

This sample of Child & Family Management Program cases had been open to the child welfare agency for the longest period of time of any of the family support programs reviewed. The levels of direct program contact were very low in comparison with the other programs. Indeed, for about half of these program cases, the level of direct contact was only slightly higher than the average level of direct contact provided by the child protection workers in the regular case sample (see Chapter 3). It is also important to note that most of the formal program support in this program sample came from sources other than the Child & Family Management Program.

5.5.1.6. Case Impacts

Program informants reported that participants, agency management and program workers themselves were satisfied with the program. The program was considered to have improved the community image of the child welfare agency. They considered that program participation had resulted in a lower incidence of child maltreatment and family breakdown than would have been the case had only child protection services been provided. Family functioning and parenting capacity were thought to have improved for many participating families. Parents were reported to be more confident and able to cope with their responsibilities. Unfortunately, this optimism about the impacts of the Child & Family Management Programs was not confirmed by the analysis of case results for this sample of program cases.

Only two of the original 21 program cases were closed at the time of the follow-up review. These are cases with long term support problems; that is, many of these child welfare families show definite signs of needing ongoing social support. A comparatively high percentage of these program cases have had children go to care especially in comparison with the same agency and non-adolescent comparison groups. The return home percentage for those children that have gone to care is comparable to the major comparison groups. In comparison with the sample of cases drawn from the same region, the only statistically significant difference was that fewer program cases were being closed. It may be that the Child & Family Management Program is being used to support 'chronic' problem families for a definite period of time. The results from this analysis of care and case closure measurements are summarized in tables 5.85 and 5.86.

Table 5.85
Care Indicators at Time of Initial Field Interviews for the Child and Family Management (C & F Mgt) Program

	Relative Ranking	C & F Mgt (21)	Same Agency (29)	Same Region (183)	Non-Adolescents	Total Regular Cases	Compare C & F Mgt & Region
Cases to care since last open	high-comparable	66.7%	39%	56.8%	49%	56%	x^2=.39 p=.53
Time in care							
< 6 wks	less time	31%	42%	26.6%	30%	22.2%	
6wks - <6 mths		54%	25%	33.9%	39%	36%	
6mths- <1 yr		0%	17%	18.3%	14%	22%	
1 yr and more		15%	17%	21.1%	17%	21%	
Average total weeks in care	less time-comparable	20	25	39	27	30	F=.97 p=.33
More than one time in care	comparable	38%	25%	37%	42%	39%	
All children returned home	comparable	64.3%	58%	59.4%	63%	52%	x^2=.005 p=.94

Table 5.86
Care Indicators at Time of Follow-up Case Reviews for the Child and Family Management Program

	Relative Ranking	C & F Mgt (19)	Same Agency (28)	Same Region	Non-Adolescents	Total Regular Cases	Compare C & F Mgt & region
Cases open/ transferred	highest	95%	74%	64.4%	67%	64.4%	x^2=9.77 p=.0018
Placed since 1st interview	comparable -low	20%	28%	27.0%	22%	28.0%	x^2=.15 p=.69
All children returned home	comparable	75%	82%	72.3%	83%	75.0%	x^2=.00 p=1.0

Table 5.87

Percent Decline in Average Count on Problem Indices Between Initial Research Interview and Follow-up Review for the Child and Family Management Program Cases

Problem Index	Relative Ranking	C & F Mgt (21)	Same Agency (29)	Same Region	Non-Adolescents	Total Regular Cases	Total Program Cases
Inadequate Parent-Child Relationship	low	28%	43%	48%	51%	46%	51%
Antisocial/ Delinquent Behaviour (Child)	comparable	48%	34%	55%	52%	49%	52%
Low Income/ Unstable Neighbourhood	low	-13%	-17%	15%	24%	13%	29%
Low Service, Low Support Neighbourhood	low-comparable	36%	25%	37%	48%	52%	55%
Poor, Low Functioning Parent	low-comparable	52%	38%	56%	64%	63%	66%
Behavioural/ Emotional Problems (Child)	low	24%	24%	51%	41%	48%	45%

The ratings on the problem indices in tables 5.87 and 5.88 generally indicate a lower positive change rate for the Child & Family Management Program sample than for the major comparison groups. In contrast with the sample of cases from the same region, there is a definite indication of lower positive change rates on the Inadequate Parent-Child Relationship, the Poor, Low Functioning Parent and the Behavioural/Emotional Problems (Child) indices. The more global ratings of positive change on the major goal categories are more generous to the child care program showing a basically comparable positive change rate to the major comparison groups. However, of the two indicators, the problem index measurements are considered to be the more discriminating and

Table 5.88

Percent of Positive Change on Items on Problem Indices for the Child and Family Management Program Cases at the time of the Follow-up Review

Problem Index	Relative Ranking	C & F Mgt (19)	Same Agency (28)	Same Region (116)	Non-Adolescents	Total Regular Cases	Total Program Cases	Comparison between col. 2 & 4
Column #	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Inadequate Parent-Child Relationship	low	42%	43%	53%	54%	53%	51%	F=1.9 p=.17
Antisocial/ Delinquent Behaviour (Child)	comparable	58%	44%	57%	55%	57%	52%	F=.06 p=.82
Low Income/ Unstable Neighbourhood	comparable	31%	20%	27%	30%	25%	32%	F=.20 p=.66
Low Service, Low Support Neighbourhood	comparable	46%	63%	51%	53%	48%	59%	F=.20 p=.65
Poor, Low Functioning Parent	low	49%	54%	61%	63%	64%	62%	F=2.9 p=.09
Behavioural/ Emotional Problems (Child)	low	41%	44%	57%	52%	55%	53%	F=2.6 p=.11

accurate indicators. The lack of case goals to return the child home in this program sample might indicate the use of the program interventions to support families with chronic support needs.

Table 5.89

Average Change Scores for Major Goal Categories for the Child and Family Management Program Cases

Goals	Relative Ranking	C & f Mgt (21)	Same Agency (19)	Same Region	Non-Adolescents	Total Regular Cases
Improved parenting	comparable	2.9	2.8	3.03	3.04	3.03
Improved emotional climate in home	comparable	2.8	2.8	2.9	3.06	2.95
Improved household management	comparable	3.1	3.0	3.02	3.00	3.06
Improved marital relations	comparable	2.9	2.83	2.98	3.07	3.02
Linkage with other resources	comparable -low	3.50	4.2	3.74	3.60	3.54
Return child home	N.A.	**	3.71	3.49	3.50	3.27
Improved child functioning	high comparable	3.4	3.12	2.99	3.20	3.04
Improved parent functioning	high-comparable	3.3	3.25	3.08	3.11	3.12
Improved school performance	comparable	3.5	3.5	3.29	3.4	3.15

** Not a goal in these cases

Child protection worker optimism concerning the probable final disposition of this sample of program cases was greater at the time of the follow-up review. The expectation is that most of these families will keep their children at home but will continue to have open cases with the child welfare agency.

Table 5.90

Child Protection Worker Judgements Concerning Probable Final Disposition of the Child and Family Management Program Cases

FOLLOW-UP REVIEW	Relative Ranking	C & F Mgt (20)	Same Agency (28)	Same Region	Non-Adolescents	Total Regular Cases	Total Program Cases
Child will be in care	very low	0%	9.7%	10.2%	6.2%	7.9%	10.5%
Child will be home and case open	very high	60%	29.0%	24.2%	28.2%	27.1%	21.6%
Child will be home and case closed	very low	10%	16.1%	30.6%	26.0%	25.4%	30.9%

INITIAL REVIEW					Total Data Set
Child will be in care	comparable	10%	8%	13.0%	14.3%
Child will be home and case closed	low-comparable	25%	35%	34.0%	34.7%

5.5.2 Child Management Program

5.5.2.1. Philosophy and Rationale

The Child Management Program is designed to provide services to children and parents in their own homes and local community in order to enable families to remain together. Families are to be kept intact by increasing the parents' understanding of and skill in parenting. Dysfunctional behaviour of the children is to be controlled through the provision of in-home contact at levels higher than in the 'typical' child protection case. Interventions focus on teaching effective parenting, modelling methods of parenting and child management, developing positive communication with the family and individual counselling. Services are intended to achieve specific treatment goals within a specified time period.

5.5.2.2. Development and Administration

The Child Management Program began in 1981, in response to an "exceptional circumstances review" by the Ministry of Community and Social Services. The review recommended the establishment of a child care unit capable of providing more intensive services to families in their own homes in order to reduce the number of children requiring expensive institutional placements. Modelling their program upon the Child & Family Management Program reviewed earlier in this chapter, three child care workers and a child management supervisor were hired in 1981.

Program informants reported that the Child Management Program "required quite an initial selling job". Child protection workers were described as cautious and it took some time before they "understood and accepted" the program. Favourable early experiences in referring families to the program fostered greater use of the program. Similar problems in gaining the confidence and acceptance of the child protection personnel were common to all eight of the family support programs reviewed in this chapter.

Program informants described a progression from "no confidence and few referrals" to the program, to an increase in "joint responsibility cases" shared with the child protection workers to the present where the child management workers can have "sole responsiibility" for some cases. In the period from July 1982 to July 1983, "sole responsiibility" cases increased from 3 to 47 cases. Besides demonstrating an increased confidence in the Child Management Program, informants indicated that these trends also reflected a shortage of child protection personnel and budget restraints at the child welfare agency. At the time of this program review, the demand for the services of the Child & Family Management Program had increased to the point where all the appropriate cases could not be served and the average caseload of the child management workers had increased from the desired level of 10 cases to 13.5 cases per worker.

As with the Child & Family Management Program, Child Management Program informants thought the role of child care personnel in child welfare could be greatly expanded. In both agencies,despite generally functional working relations between child protection and child care workers, there were clear indications of role ambiguity and status competition. Child care informants lamented that they did not receive recognition, responsibility and career opportunities in accord with their perceived contribution to the child welfare agency. As mentioned in the previous program review, these strains are most evident for the child management programs because the roles and training of the child care workers were the most similar to those of child protection personnel. At any rate, a family support approach to child welfare implies that new ways of helping and new types of helpers will be introduced into child welfare settings. Role and status ambiguity, as well as conflict will need to be recognized and managed.

The Child Management Program was considered to be both a complement and an alternative to child protection casework. The program can provide in-home assessments of the child and the family which may be useful for case planning. In "joint responsibility cases", the child protection workers retain overall case management authority and the unit provides supplementary support to the family on a contract basis. For about 45% of the program cases, the child management workers assumed "sole responsibility" with no child protection worker involvement with these families. In particular, program informants stressed that the Child Management Program offered the intake staff a "badly needed alternative to placement for adolescents".

The Child Management Program, at the time of the review, was staffed by a program manager (senior child management worker) and three child management workers. The unit is attached to the Family Services department.

The program manager receives referrals from the child protection or intake workers and brings these to a weekly child management team meeting. He is also responsible for individual and group supervision within the program unit, as well as liaison with agency management. Individual supervision was described as concentrating on four areas:

1. process: understanding the family system and its dynamics
2. methods: interviewing, assessment, treatment plans, strategic interventions, etc.
3. the use of self
4. "specific resourcing".

Child Management Program workers also attend in-service training programs for one week per year.

The program manager was also responsible for the supervision of a second family support program at the agency. This program review took place at a time when major changes were anticipated for the Child Management Program. Shortly after this review, the program expanded to five and then six child management workers. As of October 1984, the "sole responsibility" cases had increased to 60% of the Child Management Program cases and a group component had been added. The program manager's job had expanded to include responsibility for the supervision of three separate family support programs of three, six and six program workers respectively.

Child management workers generally had a diploma or degree in social service and some residential care experience. A working knowledge of group and family dynamics is expected. A vehicle is required. Child management workers did not assume the legal responsibilities of child protection work and generally would not be assigned to cases where legal complications were anticipated.

Each child management worker carried a caseload of families (13.5). Beside providing direct service to these families and to individuals within the family, their responsibilities might include intake and in-home assessments, short-term transition service to families receiving children home or placing a child in a residential setting. Workers are also responsible for collateral contacts and referrals in these cases and, sometimes, provide support to a classroom teacher in order to help a child to remain in school. Through weekly team meetings, the child management workers help decide if referrals are appropriate for the program and assist in program planning and development.

5.5.2.3. Direct Costs and Staffing

The average direct program costs per case episode for the Child Management Program are quite low in comparison to many of the family support programs reviewed for this study. In particular, the unit costs were much lower than those for the Child and Family Management Program. These differences can mainly be attributed to the higher program worker to client ratio, the shorter case duration and the relatively low number of hours of direct program contact per case per month for the Child Management Program.

Table 5.91
Child Management Program Direct Costs and Staffing
1983-84 *

Direct program budget	$ 100,000 (approx.)
Average length of program involvement	4 - 5 months
Average number of participants/month	40.5 (13.5 x 3 workers)
Families served in year	139 (Jan. - Sep. '83: 104)
Cost per case per month	$ 205.76
Cost per case per year	$ 2,469.14
Cost per case episode	$ 843.62 to $ 1,028.80

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* These estimates were provided by the program manager

5.5.2.4. Participants

Families accepted by the Child Management Program are expected to be motivated to participate. Children are required to be in a stable placement or family setting. There should be a minimal risk of child abuse or serious neglect and parents should show 'nominal' parenting skills as well as "an ability to progress with child management intervention". This is the first of family support programs reviewed where the express intent was not to support or treat high risk or high problem families.

From July 1982 to July 1983, the number of participating families in which adolescents were the primary concern increased from 36% to 53% of the program families. Program informants anticipated that the Young Offenders Act would increase the number of adolescent referrals. During this same period, families with concern about latency-aged children composed 36% of the program families and those with preschoolers represented 11% of the participants. Informants expressed the opinion that the difficulties for many of these families had progressed to the point where the placement of a child had become a serious option. Parent-child conflict was a frequent concern but the relationships had not deteriorated to the point where the protection of the child was an immediate issue. Program informants commented that the program does not accept "very dysfunctional families, parents or children with psychiatric problems, very serious neglect or abuse cases or cases involving very hostile or unmotivated parents (except under a court order)". Tables 5.92 and 5.93 indicate that, in the Child Management Program sample of cases, the children in these families were evenly divided between preschoolers, preadolescents and adolescents. The relative percentages of these children considered to be at risk of abuse or neglect is low in contrast to the other family support programs reviewed. A high percentage of these families were single-parent families.

Table 5.92
Basic Demographics for the Child Management Program Cases

	Child Mgt (24)	Regular Cases(362)	Relative Ranking
Age of children			
% infants	8%	25%	low
% preschoolers	50%	38%	high
% preadolescents	58%	48%	comparable
% adolescents	42%	37%	comparable
Average number of children	2.2	2.19	comparable
Mom under 25	18%	35.3%	low
Average age Mom	31	31	comparable
Average age Dad	37	36	comparable
Single parent	67%	52%	high

Table 5.93
Distribution of Children-at-Risk for the Child Management Program Cases

	Child Mgt (24)	Regular Cases(362)	Relative Ranking
Age of children			
% infants	4%	16%	low
% preschoolers	33%	36%	comparable
% preadolescents	50%	31%	high
% adolescents	32%	32%	comparable

Based upon the information in tables 5.94 and 5.95, it is clear that the major concerns in this Child Management Program sample were parent-child relationship and child behaviour problems. Overall, the presenting problem frequencies and problem counts on the problem indices are comparable to the major comparison groups. In contrast, the Child and Family Management Program had high frequencies and counts on these indicators. The high risk of physical abuse in the Child Management program sample probably reflects the high percentages of preadolescents and adolescents in the program sample and the focus of the program upon parent-child relationship problems. The average problem count on the Inadequate Parent-Child Relationship index (F=4.3, p=.03) and the Behavioural/Emotional Problem (Child) index (F=1.8, p=.18) was higher for the program sample in comparison to the same region comparison group. The counts were low-comparable on problems of individual poverty and low-functioning as well as lack of access to service and support.

Table 5.94

Percentage of Cases Presenting Problems for the Child Management Program Cases

	Child Mgt (24)	Regular Cases(362)	Relative Ranking
neglect	33.3%	42%	low
child delinquence	41.7%	40%	comparable
physical abuse	45.8%	34%	high
emotional rejection	29.2%	32%	comparable
marital discord	25.0%	26%	comparable
parent delinquence	16.7%	20%	comparable
sexual abuse	8.3%	10%	comparable
failure to provide medical care	0.0%	9%	lowest
concrete material needs	0.0%	8%	lowest

Table 5.95
Comparison of Child Management Program Cases on Problem Indices (average count)

Problem Index	Relative Ranking	Child Mgt (24)	Same Agency (22)	Same Region (178)	Non-Adolescents	Total Regular Cases	Total Program Cases	Comparison between col. 2 & 4
Column	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Inadequate Parent-Child Relationship	high	7.17	5.8	5.93	5.5	5.47	6.14	F=4.6 p=.03
Antisocial/ Delinquent Behaviour (Child)	comparable -high	2.33	1.82	2.4	1.51	2.1	2.16	F=.04 p=.84
Low Income/ Unstable Neighbourhood	comparable	2.17	2.09	1.8	2.04	1.85	1.84	F=1.3 p=.26
Client Motivation	comparable	2.5	2.4	2.26	2.31	2.43	2.53	
Low Service, Low Support Neighbourhood	low-comparable	1.08	1.23	1.45	1.8	1.6	1.58	F=1.04 p=.31
Poor, Low Functioning Parent	low-comparable	1.8	1.8	2.08	2.64	2.06	2.09	F=.37 p=.54
Behavioural/ Emotional Problems (Child)	high	2.17	1.5	1.7	1.39	1.71	1.7	F=1.8 p=.18

5.5.2.5. Services

Referrals to the Child Management Program come from child protection or intake workers to the program manager who brings them to weekly child management team meetings for assessment. If a decision is forthcoming to assign a child management worker to the family, then a meeting takes place between the program worker and the referring worker to discuss case objectives. Then the referring and the program worker visit the family. At this meeting with the family, the home situation is discussed and the role of the Child Management Program is explained. The child management worker and the referring worker then set case goals and review dates, and direct service to the family begins. Subsequent meetings between the family and the child management worker establish family and individual goals and target dates. During this time, a decision is made by the intake department and the child management unit whether the case should be a "joint responsibility case" or the "sole responsibility" of the child management unit. The circumstances under which the Child Management Program should be involved with a family are described in program documentation as:

> "1) Assessment in Home for Child and Family
> This service should be used when a family is expressing the need, but the areas of need and family interactions are not clearly defined. The Child Management Worker can, through a Child Management assessment, provide insight into the family dynamics and behavior patterns and origins of the children.
>
> 2) In-Home Child Management
> This service should be considered when the family conflicts have not deteriorated to the point where protection of the children becomes an issue. Often through Child Management resourcing, further family disintegration can be halted and turned around. Indicators are when there are signs of willingness to be together as a family, but little ability to prevent further breakdown without input. This service usually begins with a child/parent conflict as the prime indicator of family problems.
>
> 3) Transition, Re-entry, Pre-care
> This service to families should be considered when families are involved in a process of

> receiving or placing one or more of their children to or from a residential setting. When a child is returning to a parent from a residential setting, there are many emotional and physical changes that can be managed and resourced by the Child Management Team so that the return to home can be achieved with less risk of further need for placement. Conversely, when residential placement is indicated for a child from a family, the Child Management Team can provide services that will help the child and parents see the placement as positive and salvageable in terms of working towards re-uniting the family. The team also offers services for Crown Wards seeking to live independently, by providing life skills programs and support to aid the teen in stabilizing in the community."

In-home services are intended to prevent family breakdown as well as to improve family functioning and parenting. Basic services include:

- parent training (eg. roles and limits, understanding child behaviour, methods of control, etc.)
- counseling of parent, children and the family
- community resourcing (eg. connecting the family with schools, courts, police, community supports, etc.).

As with the Child & Family Management Program, the above description of the services provided by the Child Management Program raises the question about how different these services are to those provided by child protection workers. It seems likely that the program would place a greater emphasis upon parent training, and methods of child management, and the child management workers' caseloads (13.5) are smaller. However, the measurements in table 5.86 show that the levels of direct program contact for the Child Management Program sample were the lowest of any of the family support programs reviewed. Indeed, this program sample received an average of 7.36 hours of program contact per month which is not substantially higher than the contact provided by many child protection workers to their cases (see Chapter 3). Given this type and level of service, does it remain reasonable to expect different or more positive outcomes for families to result from their involvement with the Child Management Program?

Table 5.96
Child Management Program Basic Service Variables

	Average (n=24)	Standard deviation	Relative ranking
Total focal family support prog. hours	38.4	46.0	very low
Total all program hours	83.00	107.00	very low
Number of focal prog. contacts per month (pc)*	5.33	2.39	very low
(m)*	4.00	0	
Time per focal prog. contact (pc)	1.38	0.49	low
(m)	2.67	0.57	
Total hrs focal prog.contact/mth (pc)	7.36	---	very low
(m)	10.68	---	
Months case open since last opening	21.63	35.90	comparable
Number of collateral contacts	5.54	3.97	comparable

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* pc = parent-child (n=21)
m = mother (n=3)

5.5.2.6. Case Impacts

Program informants believed that participation in the Child Management Program has resulted in fewer adolescents being admitted to care for disruptive behaviour and in more children being discharged from care. Client feedback about the program was reported to be positive. Parents were able to accept the practical advice about how to cope with their children provided by the Child Management workers.

Table 5.97

Care Indicators at Time of Initial Field Interviews for the Child Management Program (C.M.P.)

	Relative Ranking	Child Mgt (24)	Same Agency (22)	Same Region (179)	Non-Adolescents	Total Regular Cases	Compare C.M.P. & Region
Cases to care since last open	comparable	50%	59%	57.6%	49%	56%	$x^2=.34$ p=.56
Time in care							
< 6 wks	more time	17%	42%	26.6%	30%	22.2%	
6wks - <6 mths		25%	8%	33.9%	39%	36%	
6mths- <1 yr		17%	17%	18.3%	14%	22%	
1 yr and more		42%	33%	21.1%	17%	31%	
Average total weeks in care	more time-comparable	49	57	36	27	30	F=.33 p=.56
More than one time in care	comparable	36%	33%	37%	42%	39%	
All children returned home	comparable -high	67%	58%	59.4%	63%	52%	$x^2=.05$ p=.82

Table 5.98

Care Indicators at Time of Follow-up Case Reviews for the Child Management Program

	Relative Ranking	Child Mgt (24)	Same Agency (19)	Same Region (163)	Non-Adolescents	Total Regular Cases	Compare C.M.P. & Region
Cases open/ transferred	comparable -low	52.4%	40%	64.4%	67%	64.4%	$x^2=.75$ $p=.39$
Placed since 1st field interview	comparable -low	17.0%	11%	25%	22%	28.0%	$x^2=.05$ $p=.83$
All children returned home	low-comparable	74.0%	89%	75%	83%	75%	$x^2=.00$ $p=1.0$

The care and case closure indicators for the Child Management Program are basically indistinguishable from those for the major comparison groups. The 1983 service plan for the child welfare agency indicated that 20% of the program cases had children go to foster care and 5% to training school. It should be remembered that the program sample had basically comparable to low problem counts overall on the problem indices. Table 5.96 indicated that the program sample also received the lowest levels of focal program support and the lowest level of total program support of any of the reviewed family support programs. There is no evidence on these measurements for any greater positive impact on child placement or case closure because of involvement with the Child Management Program.

The measurements of positive change rates on the problem indices provide no definite indication of a superior positive change rate for the Child Management Program sample. In particular, there were no clear differences on the indices related to the program's central concerns with inadequate parent-child relationships or child problems. The child protection workers' ratings of general case goals in table 5.101 are considerably more generous to the Child Management Program. The child protection workers gave good positive change ratings to the program sample of cases on parenting, improved emotional climate in home, improved marital relations and returning the child home. There was also some evidence in table 5.100

of success with the program sample in linkage to community resources and on the Poor, Low Functioning Parent index. Overall, the evidence for any superior performance for the program sample on these indicators is inconclusive. The ratings of worker optimism concerning final case disposition, in table 5.102, confirm the similarity of the program sample to the major comparison group. However, the child protection workers predicted lower child placement for the program sample. The superior benefits of the program on the goals and worker judgements all but disappear when compared with cases from the same agency.

Table 5.99

Percent Decline in Average Count on Problem Indices between Initial Research Interview & Follow-up Review for the Child Management Program

Problem Index Column#	Relative Ranking (1)	Child Mgt (24) (2)	Same Agency (22) (3)	Same Region (4)	Non-Adolescents (5)	Total Regular Cases (6)	Total Program Cases (7)
Inadequate Parent-Child Relationship	comparable	46%	43%	48%	51%	46%	51%
Antisocial/ Delinquent Behaviour (Child)	low	32%	63%	55%	52%	49%	52%
Low Income/ Unstable Neighbourhood	comparable	26%	12%	15%	24%	13%	29%
Low Service, Low Support Neighbourhood	comparable	43%	31%	37%	48%	52%	55%
Poor, Low Functioning Parent	comparable	61%	28%	56%	64%	63%	66%
Behavioural/ Emotional Problems (Child)	comparable -high	54%	55%	51%	41%	48%	45%

Table 5.100

Percent of Positive Change on Items on Problem Indices for the Child Management Program Cases at the time of the Follow-up Review

Problem Index	Relative Ranking	Child Mgt (16)	Same Agency (17)	Same Region	Non-Adolescents	Total Regular Cases	Total Program Cases	Comparison between col. 2 & 4
Column #	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Inadequate Parent-Child Relationship	comparable	50%	57%	51%	54%	53%	51%	F=.05 p=.83
Antisocial/ Delinquent Behaviour (Child)	comparable	49%	50%	58%	55%	57%	52%	F=.61 p=.44
Low Income/ Unstable Neighbourhood	comparable	29%	30%	24%	30%	25%	32%	F=.15 p=.70
Low Service, Low Support Neighbourhood	high	71%	40%	50%	53%	48%	59%	F=2.7 p=.11
Poor, Low Functioning Parent	high	75%	41%	61%	63%	64%	62%	F=1.2 p=.27
Behavioural/ Emotional Problems (Child)	comparable -high	63%	48%	54%	52%	55%	53%	F=.63 p=.43

Table 5.101
Average Change Scores for Major Goal Categories for the Child Management Program Cases

Goals	Relative Ranking	Child Mgt Pr. (24)	Same Agency (22)	Same Region	Non-Adolescents	Total Regular Cases
Improved parenting	high-comp.	3.3	3.17	3.03	3.04	3.03
Improved emotional climate in home	comparable -high	3.27	3.3	2.9	3.06	2.95
Improved household management	N.A.	**	4.33	3.02	3.0	3.06
Improved marital relations	high-comparable	3.5	3.5	2.98	3.07	3.02
Linkage with other resources	comparable	4.0	4.3	3.74	3.60	3.54
Return child home	very high	5.0	3.6	3.49	3.50	3.27
Improved child functioning	comparable	3.33	3.13	2.99	3.20	3.04
Improved parent functioning	comparable	2.9	2.8	3.08	3.11	3.12
Improved school performance	low	1.5	2.3	3.29	3.4	3.15

** This was not a goal in any of these cases

Table 5.102

Child Protection Worker Judgements Concerning Probable Final Disposition of the Child Management Program Cases

FOLLOW-UP REVIEW	Relative Ranking	Child Mgt Program (16)	Same Agency (17)	Same Region	Non-Adolescents	Total Regular Cases	Total Program Cases
Child will be in care	low comparable	4.8%	5%	10.2%	6.2%	7.9%	10.5%
Child will be home and case open	low-comparable	14.3%	10.0%	24.2%	28.2%	27.1%	21.6%
Child will be home and case closed	high-comparable	42.9%	45.0%	30.6%	26.0%	25.4%	30.9%

INITIAL REVIEW					Total Data Set
Child will be in care	lowest	0%	7%	13%	14.3%
Child will be in home and case closed	high-comparable	46%	50%	34%	34.7%

These case impacts can be interpreted as suggesting that these Child Management Programs are producing results as good as those in the regular child protection comparison groups. However, this is another issue. These alternative programs, including both Child Management Programs, are presented as different and more intensive modes of helping which should produce case impacts distinct from those evident for comparable regular child protection clientele. It is these claims of different or better performance that these reviews attempt to investigate.

5.5.3 Summary of Child Management Programs

These child management programs were designed to offer practical advice and training in basic parenting and child management methods. By providing such support at levels of services higher than those typically received by child welfare families, it is hoped that family functioning will improve and family breakdowns will be prevented. Child care professionals with experience working with children in residential settings are considered particularly appropriate for this work by virtue of their practical knowledge of parenting and methods of child management. The main location for service is the family's home where the child management worker can provide practical guidance at times of high stress in the daily routine. The Child & Family Management Program also ran structured educational groups. Responsibility for about 50% of the child management cases was shared with child protection workers, while remaining cases were the "sole responsibility" of the child management workers. The child management workers were responsible for caseloads of between seven to 14 cases each. There was a general perception that the role of qualified child care professionals should be greatly expanded in child welfare agencies.

Summary Table 5.4
Parameters of the Child Management Programs
1983-84

	CHILD & FAMILY MGT	CHILD MGT PROGRAM
Direct costs:		
annual budget	$120,416	$100,000
per case episode	$3,100-$1,605 (moderate) *	$1,029-$844 (low)
Staff:	-unit manager -team supervisor -3 certified child care wrkrs	-program manager -3 child management workers

Table continued on following page

Summary Table 5.4 continued

	CHILD & FAMILY MGT	CHILD MGT PROGRAM
Participants:	-38% single mothers -preschool, preadolescent children -poor, low functioning parent/ parent delinquence (high) -high risk of neglect, sex abuse, rejection -inadequate parent-child relationship/poor parenting (high) -socially isolated (high) -poor -poor home management -poor male/female relationships -child problems (comparable)	-67% single mothers -preschool, preadolescent, adolescent children -high risk of physical abuse -inadequate parent-child relationship (high) -behaviour/emotional problems child (high)
Services:	-123 cases served -8-12 mths open to program -41 mths open to agency -8-10 cases/worker -85.3 total hours focal program contact (low) -279 total hrs all formal program contact (moderate) -8-12 hrs focal program contact per month (low) -individual & group	-139 cases served -4-5 mths open to program -22 mths open to agency -13.5 cases/worker -38.5 total hours focal program contact (very low) -83 total hrs all formal program contact (very low) -7.36 hrs focal program contact/month (very low) -individual

Impacts:	-very low rate of case closures
	-high % go to care
	-comparable rate of return home from care
	-low positive change rates on:
	  -inadequate parent/child relationships
	  -poor, low functioning parent
	  -behaviour/emotional problems (child)
	-predict cases remain open and children at home
		-no difference on care & case closure indicators
		-weak evidence of superior positive change rate on:
		  -parenting
		  -emotional climate in home
		-predict high case closure rate

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* These ratings are in contrast to the remaining seven family support programs reviewed.

These two program reviews provide a final illustration of how family support programs with similar orientations can differ substantially in very important aspects. The Child & Family Management Program's direct costs were significantly higher and its participating families presented a much broader range of problems including clear indications of long-term support needs. The Child Management Program provided a lower level of direct service to families. The case impacts for the two program samples were different. It can be suggested that not only is a question such as "Is family support effective?" not particularly useful, but a question like "Are child management programs effective?" is also insufficiently precise. The proper question seems to be: "What can be reasonably expected, under what conditions and with which programming parameters from child management programs?"

The most important conclusion from these reviews of child management programs is that there is no clear evidence of a superior positive impact on any of the outcome indicators. There are two direct implications for family support interventions. Family support interventions have to be different enough from regular child protection supports to permit a reasonable anticipation of different results. Substitution of one professional grouping for another is an incomplete conception of family support. Second, the evidence on family support summarized in Chapter one suggests that 'effective' programming provides both higher levels of service and a variety of ways of helping. The amount of direct contact with families was very low for these child management programs and there was a strong single emphasis on teaching methods of parenting and child management. Finally, it is important to keep distinct the ideas of supporting families and changing family members when thinking about family support interventions. These issues are discussed in the concluding section of this chapter.

These reviews are not conclusive concerning the potential of Child Management Programs in child welfare. Delivered in a format incorporating various ways of helping and at substantial levels of direct contact with families, it would be reasonable to anticipate favourable outcomes. Family support programs have to be different enough from child protection services to reasonably anticipate different outcomes.

5.6 OVERVIEW OF FAMILY SUPPORT PROGRAMS

In reviewing the literature on family support and in investigating these family support programs, it seemed as if there were two opposing schools of thought. On the one hand, there are the 'true believers'. These partisans espouse a faith in family support and in the value of a particular type of intervention. Broad generalizations about the suitability of a preferred approach are common. On the other side are the 'skeptics'. These critics complain about the confusion and disarray in social service programming, their high costs and the lack of "proof" of their effectiveness. In general, these people argue for more rigorous program control and evaluation. Small wonder that the two groups view each other's initiatives with suspicion.

These reviews of family support programs do not place the authors clearly in either of these camps. On behalf of the proponents of family support, several of the family support programs studied were very encouraging. There is a good argument to be made that 'social support programs' hold the promise of preventing family breakdown under a variety of circumstances. However, the observations of the 'skeptics' about the confusion, lack of control and lack of effectiveness of social service programs receive unequivocal confirmation from these program reviews. The general question "Does family support work?" can only be answered in an equivocal fashion; some interventions are effective for specific purposes under certain circumstances some of the time. The interesting questions to answer in family support are:

1) What types of family support interventions are most promising for what purposes?

2) What programming parameters maximize the potential benefits of each type of family support intervention?

Experience with family support programming in child welfare is now broad enough that it is possible to begin to answer such questions.

The literature on program development portrays an orderly world in which services are planned, developed and managed in light of definite objectives. This image bears little resemblance to the reality of family support programming in child welfare. A more useful analogy might be that of small businesses started by local entrepreneurs. Programs are developed in light of the initiative and vision of these entrepreneurs. There is little guidance available to them and difficult decisions must be based upon their own best judgement. These people invest tremendous energy and commitment into their individual programs. They have limited access to technical resources and few opportunities to learn from the experiences of other innovators. Like all business initiatives, some are successful and some fail. However, unlike small business, there is currently no way to distinguish the more successful from the less promising programs.

One of the major hypotheses from the literature review that preceded this study received no confirmation from these program reviews:

> "Two dominant impressions are created by this review of reports on family support programs. The first is the similarity in the categories of support provided despite variations in program details and titles. The second is the equifinality in program outcomes..."
>
> (Canadian Sociotelic Limited, 1983, pp. 92-93)

The eight family support programs in this study differed dramatically in services and case outcomes. Indeed, programs with the same basic rationales varied substantially on these variables.

5.6.1 Basic Characteristics of Family Support Programs

The family support workers in these programs communicated a strong commitment to their programs and high levels of job satisfaction. Program workers liked their jobs because of their variety, challenge and the positive feedback they received from families. Perhaps, family support programming can provide opportunities to increase variety and satisfaction generally with employment within child welfare. At any rate, caseworkers each with responsibility for 20 to 30 families is not a model of a child welfare agency designed to provide family support services. The implications of a family support orientation for the organization and administration of a child welfare organization remain largely unaddressed. It might be appropriate to think about demonstration family support organizations in addition to demonstration family support programs.

Program workers frequently expressed a strong belief in the value of the particular methods of helping employed in their family support program. While this commitment is essential to the particular programs, such faith can result in a blind eye being turned towards other family support options or towards weaknesses in their own program. These reviews clearly demonstrated that a convincing program rationale and worker optimism were poor predictors of program effectiveness. It is important to remember that "one size does not fit all" when deciding on family support programs or when deciding how to respond to the support needs presented by a family. The proper question in both circumstances is what package of family support interventions is most appropriate. This implies the development of alternatives and flexibility in working with families.

The most basic information about their program was not available to program decision makers. Generally, without extraordinary efforts, program informants could not accurately document how many families were being served, average case duration, the problem profiles of program participants, the level of service provided, direct program costs or case outcomes. Program informants had personal impressions about these programming parameters but sometimes these were not substantiated by these program reviews.

In the opinion of the research team, it would be inappropriate to blame program personnel or agency administrators for these deficiencies. Frequently, there is a lack of time, resources and technical expertise required to develop a useful system of program documentation. Help will be required by a third party; possibly through the area and regional support services of the Ministry of Community and Social Services. However, to be used and to be useful, such program documentation will have to concentrate on very basic information. It will have to be straight forward and simple in its application. Such procedures will need to be understood, accepted as useful and important, and implemented by frontline family support practitioners. The basic problem is one of helping the programs and the agencies develop their own capabilities. The impression of the research team is that the process of developing such a documentation system and the basic data capture methods can be quite standard across family support programs. These programs had similar objectives, basically determined by their child welfare context. Their need is for basic information and simple procedures. There is a limited variety of program 'types' in these agencies. Above all, what is needed is a format for documenting and sharing information about these family support programs. Indeed, without such a documentation capacity, it is difficult to foresee how progress will be made in improving and proliferating family support programming in child welfare. Conventional wisdom is likely to prove to be a poor guide. It is certainly possible, given the state of development of family support programming in Ontario, to begin to make progress in developing this documentation capacity. If the participation in this research is a valid indicator, there is an eagerness to know more about family support in child welfare.

Given the above description, it is not surprising that conditions in many of these family support programs appear to have evolved rather than to have resulted from programming decisions. Indeed, in some programs, there appeared to have been a loss of control over important programming parameters. Programs can be misunderstood and key issues not recognized. The concern of the research team was that otherwise valuable family support initiatives were being placed in jeopardy by this lack of understanding and control. Program management capacity requires the same developmental approach as does the capacity for program documentation.

Program informants agreed that their family support programs improved the image of the agency with child welfare families. Program workers argued that they posed no "threat" to these families and provided "practical" services in settings families could identify "as their own".

A dominant theme in the development of these programs was the need for continued efforts to explain and "sell" the new approach to child protection personnel. There was an initial period of suspicion and "non-use" of the program. Control over interventions and service planning was an issue for child protection workers. The common solution to this problem was the elaboration of contracting and reporting procedures that clearly defined the child protection worker as responsible for overall case management. A family support orientation can pose a threat to traditional domaines in child welfare.

Some programs responded to the pressures of non-use by accepting any and all referrals. Others have been pushed to accept priority; that is, high risk families or families in a state of crisis. It is obvious, from these reviews, that similar programs were working with families with very different problem profiles and achieving quite different outcomes. It is necessary in family support research to begin to identify the types of situations best suited to particular types of family support interventions.

Program informants saw the need to properly explain the family support program to management and to work at assuring their continued support for the program. In addition, they emphasized that program development was a slow and time consuming job. Good program development was not an "add-on" job but required a substantial amount of attention from a program manager.

Family support program workers described themselves as "marginal" in their child welfare agencies. While they believed they were making a valuable contribution, they thought that they did not receive sufficient recognition or appreciation. Their career opportunities were considered to be severely limited when compared to those of the child protection workers. Most thought that their role in the child welfare setting could be greatly expanded. A family support philosophy suggests that a broader variety of helpers will be used in child welfare. There will inevitably be role ambiguities and status competition that will have to be managed. A good argument can be made that a family support orientation will also mean a broader conception of the social worker's job.

These investigations have convinced the research team that it would not be advantageous to separate support and treatment services from child welfare organizations. Good family support programs can be developed by child welfare agencies. Family support is not a simple process of referring clients to outside professionals. It is a process of uncovering and developing various ways of helping. Above all, it is working at linking families with resources. The focal point should be where the families turn when facing the risk of family disintegration. For most communities, the child welfare agency remains the best starting point for establishing contact with these families.

5.6.2 Organizing Concepts for Family Support Interventions

The central purpose of this study was to provide insights and hypotheses concerning family support in child welfare. Possibly the most useful product of such research is the way it refines how we think about family support interventions. Towards this end, the following "organizing concepts" or aids to thinking about family support are presented.

An overriding conclusion from these program reviews is the value of distinctly differentiating between what we call change programs and social support programs. This distinction is crucial to the design of family support interventions. Change and support interventions look at different problems, have different rationales, operate on different time frames, provide contrasting services and, most importantly, produce different results. While any program can profitably combine elements of change and social support, it is important to keep the two strategies separate when analysing or planning family support interventions. The overwhelming emphasis in family support programming in child welfare is upon change. Yet, it will be argued that social support strategies are more relevant to a family's ability to cope with many difficulties and perhaps to the prevention of family breakdown. Consider the following range of presenting problems confronted by many of these family support programs:

A) family breakdown

B) individual or family problems:
  - inadequate parenting, poor parent-child relationship, poor child management
  - poor male-female relationships
  - poor home management
  - child behaviour or emotional problems
  - parent behaviour or emotional problems
  - low functioning parent or child
  - poor life skills
  - low self-esteem, self-confidence
  - etc.

C) social problems:
  - individual poverty, lack of access to resources
  - poor, unstable neighbourhood
  - social isolation, loneliness, no positive friendships
  - no access to emotional support
  - no meaningful social role
  - unemployment
  - single parent
  - young mother
  - lack of relief-vacation opportunities
  - no access to emergency resources
  - etc.

The argument developed here has several components. The problems in groups B and C are quite different, with the former highlighting individual or family dysfunctions or deficiencies and the latter group pointing to a lack of access to social support and to resources. Second, intervention strategies intended to have an impact on individual and family problems will be different from those focusing on social problems. Supporting a family is different from changing a family. Third, positive change on individual and family factors will not necessarily lead to changes in the social problems or vice versa. If change is desired in both problem areas then both have to be a target for intervention. Fourth, the social problems present long-term social support requirements, while the individual and family problems may be more amenable to short-term interventions. Fifth, positive change on the social problems (C) may have a more immediate influence on prevention of family breakdown (A) than positive change on the individual and family problems (B). Seven of the eight family support programs included in this study had change in individual and family problems as their major concerns. Without a doubt, strategies for dealing with social support problems and long-term needs are underdeveloped areas in child welfare.

Change interventions focus on individual and family problems. The desire is to change individual or family behaviour or to increase their levels of understanding and skill. Such interventions typically incorporate counselling and teaching into their strategy. The rationale for change interventions in child welfare frequently includes two assumptions:

1. that individual and family problems are the major causes of family breakdown

2. that improvement in individual and family functioning will enable the family to have access to needed social support.

Both of these assumptions are open to challenge.

Social support interventions address social problems. Their purpose is to provide or to link the family with social, economic and emotional resources in order to help them cope with on-going difficulties. They are designed to support the family.

> "Support: (1) to keep from falling or sinking, to hold in position, to bear the might of; (2) to give strength to, to enable to last or continue; (3) to supply with resources; (4) to assist by one's approvaal or presence or by subscription of funds..."
>
> (Oxford American Dictionary, 1980)

There are several assumptions in the rationale for social support interventions in child welfare:

1. that social problems or the lack of access to resources are the major contributors to family breakdown

2. to prevent family breakdown it is necessary to relieve the pressure on families and to facilitate their access to resources

3. it is possible, within current constraints, to design interventions that provide valuable social

support to families.

In reality, change and social support interventions overlap in many ways. Change programs need to work on long-term support linkages for the time when the family is no longer involved with the program. Effective change may require that a minimum of the social support problems be addressed before meaningful progress on individual and family problems can be made. Some change on individual and family problems may be a prerequisite before individuals will be able to take advantage of available social supports. Involvement in a social support network may produce secondary improvements in individual and family problems. It is necessary to recognize that both problem areas are important in child welfare and to be clear about what problems family support interventions are addressing. The thesis has been advanced in this section that social support interventions may be more powerful in preventing family breakdown than change interventions. This argument is based upon evidence drawn from several sources.

Social support, defined broadly as being married, having close friends and relatives, membership in formal and informal groups, human companionship, confiding and compassionate relationships, has been demonstrated to have a clear positive impact on physical well-being, psychological well-being, adjustment to job dislocation, adjustment to marriage breakdown and adjustment by pregnant teenagers. Social isolation has been identified as a correlate of child maltreatment (Canadian Sociotelic Limited, 1983, pp.38-42). Access to social support makes a significant difference in people's ability to cope with a broad range of difficultes. Research demonstrates that the best predictors of the incidence of child placement are lack of economic resources, neighbourhood poverty, social isolation and being a single parent (Snider and Skoretz, 1983; Garbarino & Crouter, 1978).

A recent review of the effectiveness of family support programs concluded that:

> "The intensive crisis intervention, intensive short, medium and long-term family support programs as well as the hospital newborn family support programs all reported a positive impact on incidence and reincidence of child abuse and neglect... the teaching/skill development

> programs did not report an impact at this level...
>
> The same types of programming reported a reduction in the level of admission to care or hospitalization due to severe child abuse."
> (Canadian Sociotelic Limited, 1983, p.96)

The programs reporting these positive impacts were characterized in varying degrees by high levels of direct contact with families, by a variety of types of helpers and ways of helping and by being present in periods of high stress on the family.

Charles Froland et al. (1981), in a review of informal helping programs in 30 social agencies concluded that intervention strategies which enlarged or improved the client's personal network and developed mutual aid associations resulted in less institutionalization. Strategies that linked clients with volunteers or with neighbourhood helpers did not result in less institutional care.

The family support programs in this study with evidence of clear impacts on child placement and case closures have several characteristics in common. The level of direct contact with families is high. Each program includes involvement with peers with similar problems and with other community residents as well as direct contact with paid helpers. Mutual aid is encouraged. Most striking is the variety of activities in which participants are involved such as camping, social events, recreation, sports, crafts, organizing community events, visiting community facilities, hearing guest speakers, fund raising as well as counselling, discussion groups and formal teaching sessions. Participants have definite responsibilities in program planning and implementation. While some of these programs were formally 'change' programs, the program reviews raised the possibility that their main contribution may have been in the provision of social support rather in their impact on individual and family problems. Those programs reviewed that had no evident impact on the incidence of child placement generally had lower levels of direct contact with families, fewer ways of helping and emphasized contact with a paid helper. The following table presents a comparison of these eight family support programs on these variables.

Summary Table 5.5
Program Parameters and Case Impacts

PROGRAM	Level of Direct Contact	Variety of Helpers	Variety of Help	Higher Positive Impacts
Self-Help	moderate -high	very broad	very broad	-less child placement -less time in care -more case closures -personal problems parent
Afterschool II	very high	broad	very broad	-less child placement -more cases closed -good return home rate -child problems
Afterschool I	high	broad	broad	-less child placement -good return home rate
Family Skills	high-very high	moderate	moderate	-less time in care -parent/child relationship -parenting
Parent Aide	moderate	low	low-moderate	-parent/child relationship -parenting -household management
Homemaker	low-moderate	low	low-moderate	-none
Child & Family Management	low	low	low	-none
Child management	low	low	low	-none

There are several organizing concepts for family support that are very closely related to the change-social support distinction. First, as previously mentioned, it is important to distinguish changes in individual and family problems from social support problems. In the literature review preceding this study, it was argued that family situations could be assessed in terms of whether they presented a need for concrete, educational and informational, social, emotional or environmental action supports (Canadian Sociotelic Limited, 1983, pp. 24-25). Whichever schema is used, it is important to be precise about what problems are to be addressed and how the family support interventions can meet these needs.

Second, are the problems under consideration amenable to short-term intervention or will they require long-term support? There is very clear evidence from these program reviews that many of the participating families require long-term social support. Yet, the basic family support program was designed for short-term involvement. There is no indication that helping strategies such as linkage with community activities or enlarging personal networks, mutual aid or community group development are receiving serious consideration in child welfare. The self-help strategy looks particularly promising for helping child welfare families. It was clear that the intensive treatment programs were a very expensive way of addressing long-term problems.

Will the help be provided using formal or informal means. Informal helping emphasizes non-paid helpers and natural social groupings. Will the helping strategy create its own resources or endeavour to exploit resources already existing in the community? What we need to learn to do better is how to use informal ways of helping and existing community resources. If there is to be an increase in long-term social support strategies and in informal ways of helping, then the issue of how these efforts are to be financed will have to be confronted. There would be a need to develop support that would function without continuing formal maintenance by the child welfare agency.

These program reviews demonstrate the utility of a much broader conception of helping in child welfare. Valuable support can come from a variety of people and a variety of situations. It is necessary to move beyond the idea of a 'preferred' way of helping or the 'best' helper. Different helpers bring different strengths and weaknesses to family support (Canadian Sociotelic Limited, 1983, pp. 26-32). Help can come from a variety of activities. It can be as worthwhile to belong to a community theater group as to be involved in a counselling relationship. In particular, a family support orientation requires a rejection of the bias that the social worker is the 'preferred' helper and counselling the 'proper' way to help. Creativity in family support is developing the ability to link families with a variety of helpers and to expand the range of activities that can be used successfully to support families.

Many of these family support programs used groups to work with families. These groups managed to involve about 50% of referred families. The indicators of family motivation and resources were average or better for these families in comparison to the regular child protection case sample. Intervention strategies that require less initial motivation and less ability from participants (eg. in-home services) may be appropriate for many non-participating families. There may be a preliminary stage of intervention before some people will be able to use a support group or available community resources.

Finally, many of the problems and recommendations noted in this concluding section point to the relevance of a community and program development capacity in child welfare. Resource people are needed with specific skills and a capacity to teach and support family support workers in their efforts. There are a number of areas where such a development capacity would be of use:

- developing liaison methods and facilitating linkages with community resources
- developing informal ways of helping
- self-help group and community group development
- fund raising
- needs assessment
- program development

- improving program management
- developing program documentation
- program evaluation
- facilitating the exchange of experiences across family support programs
- public relations
- education and liaisons with child protection personnel
- training
- problem-solving and crisis support.

A development capability is required at the level of individual child welfare agencies and at the Ministry of Community and Social Services. Without such a development capacity, there is not likely to be a major improvement in the state of family support programming in child welfare described in this study.

Summary Table 5.6

Comparison of the Eight Family Support Program Participants, Services, Costs and Case Impacts

PROGRAM	PARTICIPANTS	SERVICES
Self-Help	-low education, few job skills -poor, unemployed (comparable) -socially isolated (comparable) -70% - 100% single mothers -lack of self-confidence -risk of neglect, rejection, abuse (comparable) -poor,low functioning parent (comparable) -poor parent-child relationship/ parenting (comparable) -parent delinquence (comparable)	-14.5 hours/month direct program contact (moderate) -236 hours total direct prog. contact (moderate-high) -social, recreational, educational programming for mothers -very broad variety of help -very broad variety of helpers -parent assisted day care -average duration 1-2 years
Family Skills	-low education, few job skills -poor, unemployed (high) -socially isolated (high) -55% single mothers -50% mothers under 25 -lack of self-confidence -poor, low functioning parent (high) -poor parenting, homemaker skills -poor unstable neighbourhood (high) -marital conflict	-44.4 hours/month direct program contact (very high) -243 hrs total direct program contact (moderate-high) -structured educational curriculum -moderate variety of help and helpers -average duration 1-2 years
Parent Aide	-families with infants and preschoolers -75% moms under 25 -50% single mothers -poor, unemployed (high) -socially isolated (high) -lack of self confidence -poor, low functioning parent (high) -poor parenting, home management (comparable) -parent delinquence (high) -marital discord (high) -high risk of abuse & neglect -not crisis situations -low child problems	-21 hrs/month direct focal prog.contact (moderate) -174.9 hrs total direct focal prog.contact (moderate-low) -259.5 hrs total all program contact (moderate) -great variation in service levels & duration -average duration 7 months -in-home role modelling and teaching -parenting the parent -concrete support -low variety of help and helpers

Summary Table 5.6...

PROGRAM	**PARTICIPANTS**	**SERVICES**
Homemaker	-families with preschoolers and preadolescents -25% adolescents at risk -56.5% moms under 25 -43.8% single parents -poor unemployed (high) -poor, low functioning parent (high) -parent delinquence (high) -high risk of neglect, physical & sexual abuse, rejection -families in crisis -low child problems -low parent motivation	-13.25 hrs/mth direct focal prog.contact (low-moderate) -174.9 hrs total direct focal prog.contact (moderate-low) -359.4 hrs total all prog. contact (high-moderate) -great variation in service levels & duration -in-home role modelling and teaching -concrete support -low variety of help and helpers
Afterschool I	-44.4% single parents -youths 11-16 yrs old -84% male -antisocial/delinquent beh'r problems child (comparable) -behhavioural/emotional problems child (comparable) -inadequate parent-child relationship (low-comparable) -school difficulties	- 1:7 worker-youth ratio -53 hrs/mth direct prog. contact (high) -345.9 hrs total direct prog. contact (high) -average duration 6 months -structured social and recreational programming -broad variety of help and helpers
Afterschool II	-52.2% single parents -some adoptive families at risk -request for child placement -youth 13-15 yrs old -voluntary participants -antisocial/delinquent behaviour child (comparable) -behaviour/emotional problems child (comparable) -inadequate parent-child relationships (high) -school difficulties -high risk of neglect, physical & sexual abuse, rejection	- 1:4 worker-youth ratio -72.25 hrs/mth direct program contact (very high) -average duration 6-9 mths -structured social, recreational & educational programming -broad variety of helpers -very broad variety of help

Table continues on next page

Summary Table 5.6...

PROGRAM	PARTICIPANTS	SERVICES
Child and Family Management	-38% single mothers -preschool & preadolescent children -poor, low functioning parent (high) -parent delinquence (high) -socially isolated (high) -poor -inadequate parent-child relation /poor parenting (high) -poor home management -poor male-female relationships -child problems (comparable) -high risk of neglect, rejection, sexual abuse.	-8-12 hrs/mth direct focal program contact (low) -85.3 hrs total direct focal program contact (low) -279 hrs total all direct program contact (moderate) -average duration 8-12 mths -8-10 cases per worker -in-home child management counselling -parenting groups -little variety of help and helpers
Child Management	-67% single mothers -preschool, preadolescent, adolescent children -inadequate parent-child relationship (high) -behaviour/emotional problems child (high) -high risk of physical abuse	-7.36 hrs/mth direct focal prog.contact (very low) -38.5 hrs total direct focal prog.contact (very low) -83 hrs total all direct prog. contact -13.5 cases per worker -in-home individual child management counselling -little variety of help and helpers.

Table continues on next page

Summary Table 5.6...

PROGRAM	PROGRAM COSTS 1983-84	HIGHER POSITIVE CASE IMPACTS
Self-Help	-$61,085 annual budget -$1,800 /case episode (low)	-less child placement -less time in care -more case closures -personal problems parent
Family Skills	-$71,800 annual budget -$2,583 to $5,434 /case episode (high-very high)	-less time in care -parent/child relationship -parenting
Parent Aide	-$70,291 annual budget -$1,030 /case episode (low)	-parent/child relationship -parenting -household management
Homemaker	-$54,120 annual budget -$748 /case episode (low-very low)	-none
Afterschool I	-$117,304 annual budget -$2,932 /case episode (high)	-less child placement -good return home rate
Afterschool II	-$165,805 annual budget -$5,181-$7,772 /case episode (very high)	-less child placement -more case closures -good return home rate -child problems
Child & Family Management	-$120,416 annual budget -$3,100-$1,600 /case episode (moderate)	-none
Child Management	-$100,000 annual budget -$1,029-$844 /case episode (low)	-none

CHAPTER 6

RECOMMENDATIONS

The role of the children's aid societies and workers in providing family support to protection families should be a continuing focus for development in the future.

a) There is a strong interest in the societies in the family support philosophy, and a receptivity to ideas about implementing it that can be capitalized on.

b) The societies have been using their accumulated experience in the area to evolve a pattern of services and service delivery which is unique and which would be difficult to replicate if their functions were reduced.

c) The incorporation of family support principles into child welfare services is uneven and underdeveloped in many respects. Many areas remain where such efforts can be extended and improved.

Child protection workers have evolved a unique role and pattern for working with families that can be built upon in the development of a family support orientation in child welfare. The further development of expertise in family support by child protection workers requires attention to a number of more specific tasks.

a) For many workers, greater specificity with respect to assessment of family needs and the setting of case goals would be both possible and desirable, judging from the responses to these sections of the case review interview.

b) Assessment of needs and setting of case goals should clearly pay systematic attention to both elements in the 'ecological equation' -- the client family and its social and economic circumstances.

c) Case planning could benefit from more clarity in the setting and implementation of goals with respect to the differences between long-term support goals and individual or family change goals.

d) More consistent systematic attention could be paid to the role of the client family's informal social networks and ways of linking to available community resources to ameliorate problems.

e) The proper development and evaluation of the approach requires the consistent involvement of all administrative levels within the agency, especially more deliberate use of the supervisory process to direct and support required changes.

f) Since so much of what we associate with family support is just being developed, an experimental spirit, including a commitment to evaluation, should accompany any training effort, changes in procedures, modifications in case management techniques and so on.

g) As with all these recommendations, the six preceeding points represent development challenges. It makes little sense to criticize current performance and to press for changes that require more time, resources or technical expertise than are available. Resources and people must be provided to build the desired capabilities and to help child welfare personnel confront the tasks identified.

While a good deal of time and energy is being invested in providing formal programs for protection families, this is clearly a process that involves a good deal of experimentation. A number of suggestions may contribute to a more efficient development of program support.

a) Forums are required to promote an exchange of information between agency and program personnel, researchers and the Ministry. While the exchange of simple descriptive information would be an improvement over the current state of affairs, improvement of the quality of information exchanged should be another goal.

b) It is important to begin to differentiate the range of appropriate family support programming for different client groupings, such as:

- single parents
- young mothers
- adolescents
- multi-problem poor families
- native populations
- other ethnic subpopulations

Clearly any one family support family will not be equally appropriate for all client groupings, and the ability to match services to client needs will be enhanced if the groups identified are thought about separately.

c) Apparently, there are a number of major family support program options common to child welfare such as homemaker, after school, child management, skill teaching, intensive counselling, group treatment and parent-child programs. Further study is required to:

- identify the actual range of these program options

- provide good descriptive information on the development, administration, participants and services for each program type

- determine the proper use of each program option in terms of suitable participants, programming parameters and probable outcomes.

This task should obviously be considered long-term and assumes the development of the capacity to document information about family support programs. It seems reasonable to expect that an adequate understanding of each program option will be a separate research challenge.

d) It is important to distinguish family support interventions and programming designed to change individual or family functioning from interventions and programming designed to provide social support to families. The latter type of social support intervention represents an underdeveloped area in child welfare. It would be worthwhile to invest resources in learning more about informal and long-term support strategies, and in how these can be used to benefit child welfare clients.

e) As major program options are developed related to different problem types or sets of support needs, documentation of the program's experience is essential. It is not too soon to begin work on instruments and procedures which could be used to collect standardized information about who programs are serving, the amount of service provided, the costs and the outcomes obtained. Much of this information is currently not available in any form, and would be extremely useful at the agency level and at the provincial level if program development is to proceed with maximum effectiveness.

f) Some of our analysis indicates the usefulness of 'separate strategies' such as care, day care or after-four programs. Still, the relatively low frequency with which programs engage the family as a whole, or work with parents and children together may be a matter of concern, as is the apparent lack of programming for fathers. There is a need to develop and evaluate program alternatives that involve the whole family or parents and children together as well as to attempt to link fathers into these supports.

g) It seems clear that development requires developers -- the task of creating effective family support programs cannot be treated as a peripheral agency function, dependent on donations of spare time from workers and on tenuous financial resources. Clear allocation of responsibility to people with development expertise and resources sufficient to their defined goals are prerequisites for effective program development.

With respect to research, it follows from much of the above that an emphasis needs to be placed on developmental needs -- on creating procedures and instrumentation for accumulating and disseminating information which, in turn, contributes to planning. At this point in time, this general approach to evaluation is more appropriate than efforts to make a final determination as to whether a given program is or is not working.

a) Future research in this area will be more productive if it maintains a finer focus than the current study; with the findings now in hand, it is feasible to pose much clearer research questions which include a more refined definition of the types of programs, client problems, circumstances and outcomes being examined.

b) With more focused studies, future research should also look at smaller samples in greater depth, preferably including direct objective measures of client circumstances that do not rely entirely on workers' judgements.

c) Specifically, more information on the role of informal social supports in maintaining and ameliorating problems is required. Another significant gap left by the current study has to do with the contribution of different specific casework or case management techniques. Finally, research is required which focuses specifically on cross-cultural issues.

APPENDIX I

Agencies Selected for Study

AGENCIES SELECTED FOR STUDY

Agency Name	Location	# Cases reviewed
Brant	Brantford	56
Muskoka *	Bracebridge	20
Lanark *	Perth	14
Timiskaming *	Kirkland Lake	21
Kapuskasing *	Kapuskasing	53
Ottawa	Ottawa	78
Hastings	Belleville	16
Prince Edward	Picton	20
Norfolk *	Simcoe	12
Grey	Owen Sound	18
Nipissing *	North Bay	20
Essex	Windsor	50
Hamilton-Wentworth	Hamilton	44
Durham *	Oshawa	48
Waterloo *	Kitchener Cambridge (sub office)	48
London *	London	34

* These agencies are called 'Family and Children's Services', all others are called 'Children's Aid Society'.

APPENDIX II

Case Review Interview Schedule

FAMILY SUPPORT STUDY

CASE REVIEW

IDENTIFICATION:

Case (_ _ _ _) (001:1-4)

Worker (_ _ _) (002:5-7)

Region (_) (003:8)

CAS (_) (004:9)

Status (_) (005:10)

DATE: ____/____/ 83 Interviewer (_) (006:11)
day month

Region ________________

CAS ________________

Worker ________________

2

__ __ __ __ FAMILY SUPPORT STUDY

Years experience in the social services ☐☐ (007:13-14)

Training: HS ☐ 1 CC ☐ 2 BA ☐ 3 BSW ☐ 4 MSW ☐ 5 Other ☐ 6 ______ (008:15)

Employment Status: Full time ☐ 1 Part time ☐ 2 (009:16)

Total Caseload Size: ☐ ☐ (010:17-18) # Crown Ward Cases: ☐ ☐ (011:19-20)

What regular duties do you perform in addition to your caseload?

____

____

____

Hours per week: ☐☐☐ (012:21-23)

Location: Central Office ☐ 1 Satelite ☐ 2 Other ☐ 3 (013:24)

Non-Northern Rural? Yes ☐ 1 No ☐ 2 (014:25)

How many hours per month do you receive supervision? ☐ ☐.☐ (015:26-28)

Using the provided responses categories (A) for supervision, to what extent does your supervisor hold you responsible for:

a) establishing treatment objectives? ☐ (016:29)

b) evaluating goal achievement at periodic intervals? ☐ (017:30)

c) evaluating ongoing risk of neglect or reoccurrence of abuse? ☐ (018:31)

1 NEVER 2 OCCASIONALLY 3 USUALLY 4 ALWAYS

3

FAMILY SUPPORT STUDY

Client's First Name(s) ______________ File # ________

When was this case most recently opened? ☐ ☐ Month ☐ ☐ Year

# Months ☐☐☐ (019 : 32-34)

When did you take responsibility for this case?

☐ ☐ Month ☐☐ Year

# Months ☐☐☐ (020 : 35-37)

For how many years has this case been receiving Child Welfare Services?

☐ ☐

# Months ☐☐☐ (021 : 38-40)

4

☐ ☐ ☐ ☐

FAMILY SUPPORT STUDY DEMOGRAPHICS

Family Structure

Is this a one, or two, parent family?

- One ☐ 1
- Two ☐ 2
- Variable ☐ 3
- ____________ ☐ 4

(022 : 41)

Is/Are the parent(s) the natural parent(s) to the child(ren)?

- Biological only ☐ 1
- Step/common law incl. ☐ 2
- Adoptive/foster ☐ 3
- Relative ☐ 4
- ____________ ☐ 5

(023 : 42)

How many adults normally live with the family?

- D.K. ☐☐ 00
- # ☐ ☐
- Varies ☐☐ 99

(024 : 43-44)

How many children normally live with the family?

- D.K. ☐☐ 00
- # ☐ ☐
- Varies ☐☐ 99

(025 : 45-46)

Language (026:47)

hat language is usually spoken
n the home?

- English ☐ (1)
- French ☐ (2)
- Other European ☐ (3)
- Native Indian Language ☐ (4)
- ________________ ☐ (5)

Ethnicity (027:48)

hat is the ethnic group identification
f the family?

- English Can. ☐ (1)
- French Can. ☐ (2)
- Italian ☐ (3)
- German ☐ (4)
- Port. ☐ (5)
- West Indian ☐ (6)
- Native Indian ☐ (7)
- ________________ ☐ (8)

Housing (028:49)

what kind of a dwelling
es the family live (apt.)?

- Mobile Home ☐ (1)
- Single Detached ☐ (2)
- Duplex/Semi-Detached ☐ (3)
- Row Housing/Walk-up ☐ (4)
- Apartment/High Rise ☐ (5)
- Semi-Residential ☐ (6)
- Hotel/Motel ☐ (7)

Community (029:50)

es the family live in a:

- a city > 100,000 ☐ (1)
- a city > 10,000 ☐ (2)
- town ☐ (3)
- farm/rural setting ☐ (4)
- Reservation ☐ (5)

Isolation (030:51)

Considering the family's particular circumstances, how long would it take them to get a child to the nearest hospital if they decided to seek emergency medical help?

- less than 10 min. ☐ 1
- 10-30 min. ☐ 2
- 31-60 min. ☐ 3
- more than 60 min. ☐ 4

Referral (031:52)

Was this case a voluntary or involuntary referral to the agency?

- Voluntary ☐ 1
- Involuntary ☐ 2

Children's Age

Of the following age categories, would you please indicate the number of children in each in this family?

	# Age		# Risk	
Infant (0-17 mo.)	☐	(032:53)	☐	(036:57)
Preschool	☐	(033:54)	☐	(037:58)
Preadolescents (> 13)	☐	(034:55)	☐	(038:59)
Adolescents	☐	(035:56)	☐	(039:60)

Presenting Case Age

Which of these children were assumed to be in need of service? (Note number in "risk" above)

Parent(s) Age

How old are the parents(s)?

- Mother (yrs) ☐ ☐ (040:61-62)
- Father (yrs) ☐ ☐ (041:63-64)

☐

Using the response categories (B) for presenting problem, from what kinds of risk were any children in need of protection when the case was most recently opened?

Presenting Problem

	Presenting	Reincidence	Current Risk
Sexual abuse	☐ (042:65)	☐ (054:77)	☐ (066:9)
Physical abuse	☐ (043:66)	☐ (055:78)	☐ (067:10)
Neglect	☐ (044:67)	☐ (056:79)	☐ (068:11)
Abandonment	☐ (045:68)	☐ (057:80) (C8)	☐ (069:12)
Emotional Rejection	☐ (046:69)	☐ (058:1)	☐ (070:13)
Failure to provide medical care	☐ (047:70)	☐ (059:2)	☐ (071:14)
Antisocial/Delinquent behavior (parent)	☐ (048:71)	☐ (060:3)	☐ (072:15)
Antisocial/Delinquent behavior (child)	☐ (049:72)	☐ (061:4)	☐ (073:16)
Extreme Marital discord (including violence)	☐ (050:73)	☐ (062:5)	☐ (074:17)
Other (specify)			
________________	☐ (051:74)	☐ (063:6)	☐ (075:18)
________________	☐ (052:75)	☐ (064:7)	☐ (076:19)
________________	☐ (053:76)	☐ (065:8)	☐ (077:20)

To the best of your knowledge, since the case was most recently opened, have there been any substantiated indications or complaints received about reincidence of the presenting problems listed in response categories (B)? (Check above, under "reincidence")

Reincidence

In your opinion, is any child currently at risk from any of the problems listed under response categories (B)? (Check above, under "current risk")

Continued Risk

Would you please try to briefly describe the specific incident that precipitated the involvement of your agency.

Presenting Problem

When this incident brought the family to the agency's attention, how long did it take until the agency interviewed the parent(s)?

Agency Response

same day ___ 1
same week ___ 2
other ___ 3

(078:21)

Was any child in the family, at any time, taken into Society Care?

Society Care

No ☐ 1
Yes ___ 2

(079:22)

If Yes:

More than once?

No ___ 1
Yes ___ 2

(080:23)

If Applicable:

What is the longest period of time that any child has been in care?

6 wk. ___ 1
6 wk.-6 mo. ___ 2
6-12 mo. ___ 3
1 yr. ___ 4

(081:24)

FAMILY SUPPORT STUDY

If Applicable:

What kind of agreement was used to bring child(ren) into care?

voluntary agreement ☐ 1

court order ☐ 2

both ☐ 3

(082:25)

If Applicable:

Is/are the child(ren) now returned home?

Yes all ☐ 1

Yes some ☐ 2

No ☐ 3

(083:26)

Would you please check all those categories which you see as appropriate to this family when the case opened (the first box) and at present (the second box)

Maltreatment Concomitants
(pass booklet to worker)

- INSUFFICIENCIES CHECKLIST -

Please check all those categories which you see as appropriate to this family when the case opened (first box) and at present (second box).

ECONOMIC INSUFFICIENCIES

	At Case Opening	Now
Inadequate money for food/clothing/utilities	(084:27) ☐	☐ (088:31)
Unable to regularly meet financial obligations (rent)	(085:28) ☐	☐ (089:32)
Inadequate housing facilities (no running water, no privacy) .	(086:29) ☐	☐ (090:33)
Housing poses dangers to health and safety	(087:30) ☐	☐ (091:34)

NEIGHBOURHOOD INSUFFICIENCIES

	At Case Opening	Now
Low income neighbourhood	(092:35) ☐	☐ (103:46)
High incidence of rental accommodation	(093:36) ☐	☐ (104:47)
High incidence of boarding housing	(094:37) ☐	☐ (105:48)
High incidence of residential instability, families move often	(095:38) ☐	☐ (106:49)
Physical isolation (distance) from other families	(096:39) ☐	☐ (107:50)
Difficulty accessing services (schools, medical care, shopping, transportation	(097:40) ☐	☐ (108:51)
Inadequate access to temporary relief from child care responsibilities	(098:41) ☐	☐ (109:52)
Inadequate access to play/recreation space	(099:42) ☐	☐ (110:53)
Few other children/youths to play/associate with	(100:43) ☐	☐ (111:54)
Lack of activities for children/youth	(101:44) ☐	☐ (112:55)
Opportunity for exposure to/participation in illegal/antisocial behavior	(102:45) ☐	☐ (113:56)

☐ ☐ ☐ ☐

- INSUFFICIENCIES CHECKLIST -

Please check all those categories which you see as appropriate to this family when the case opened (first box) and at present (second box).

INSUFFICIENCIES IN PARENT(S) CARE GIVING SKILLS

	At Case Opening	Now
Parent(s) have requested child be removed from home . . . . . (114:57)	☐	☐ (124:67)
Parent(s) express little evidence of pleasure in child . . . . (115:58)	☐	☐ (125:68)
Few occasions for positive parent-child interaction . . . . . (116:59)	☐	☐ (126:69)
Overreliance on negative reinforcement in parents' disciplining of child . . . . . (117:60)	☐	☐ (127:70)
Overreliance on extremely harsh punishment as discipline . . . (118:61)	☐	☐ (128:71)
Poor homemaking skills (child not supervised, fed, clothed, attended to medically) . . . . . (119:62)	☐	☐ (129:72)
Parent(s) unable to provide necessary/realistic limits on child (120:63)	☐	☐ (130:73)
Parent(s) have unrealistic expectations of child given child's age . . . . . (121:64)	☐	☐ (131:74)
Inability to relate to child as a person with own needs, feelings, point of view . . . . . (122:65)	☐	☐ (132:75)
Parent(s) expect they can do with child what they wish, as a right . . . . . (123:66)	☐	☐ (133:76)

PROBLEM SOLVING RESOURCES AVAILABLE TO FAMILY

	At Case Opening	Now
Family recognizes/admits to a problem . . . . . (134:77)	☐	☐ (139:2)
Family has shown ability/desire to accept help in dealing with a problem . . . . . (135:78)	☐	☐ (140:3)
Family has shown ability/desire to work towards constructive change in behaviour . . . . . (136:79)	☐	☐ (141:4)
Evidence of effective role performance in any family member (academic, homemaking or employment) . . . . . (137:80)	☐ CR	☐ (142:5)
Stable membership in household . . . . . (138:1)	☐	☐ (143:6)

☐ ☐ ☐ ☐

- INSUFFICIENCIES CHECKLIST -

Please check all those categories which you see as appropriate to this family when the case opened (first box) and at present (second box).

PERSONAL PROBLEMS OF PARENT(S) (any or all)

	At Case Opening	Now
Chronic marital discord	☐ (144:7)	☐ (153:16)
Violent behavior	☐ (145:8)	☐ (154:17)
Substance/alcohol abuse	☐ (146:9)	☐ (155:18)
Criminal behavior	☐ (147:10)	☐ (156:19)
Emotional disorder	☐ (148:11)	☐ (157:20)
Mental deficiency	☐ (149:12)	☐ (158:21)
Physical disability	☐ (150:13)	☐ (159:22)
Physical illness	☐ (151:14)	☐ (160:23)
Inability to cope with normal everyday tasks	☐ (152:15)	☐ (161:24)

PERSONAL PROBLEMS OF CHILD(REN) (any or all)

	At Case Opening	Now
Chronic discord with parents	☐ (162:25)	☐ (174:37)
Chronic discord with children	☐ (163:26)	☐ (175:38)
Violent behavior	☐ (164:27)	☐ (176:39)
Substance/alcohol abuse	☐ (165:28)	☐ (177:40)
Criminal/delinquent behavior	☐ (166:29)	☐ (178:41)
Truancy	☐ (167:30)	☐ (179:42)
Other school problems	☐ (168:31)	☐ (180:43)
Emotional disorder	☐ (169:32)	☐ (181:44)
Mental deficiency	☐ (170:33)	☐ (182:45)
Physical disability	☐ (171:34)	☐ (183:46)
Physical illness	☐ (172:35)	☐ (184:47)
Developmental delay	☐ (173:36)	☐ (185:48)

How many times did you see all/any members of the family during the last three months? ☐ ☐

Frequency (186: 47-50)

How much time per contact do you estimate you spent with all/any members of the family? min. ☐ ☐ ☐

Intensity (187: 51-53)

Is this amount of contact typical? ☐ yes 1 ☐ no 2

Service Level Variance (188: 54)

(If "no") How many contacts per month are typical? ☐ ☐

(189: 55-56)

How much time per contact is typical? (min) ☐ ☐ ☐

(190: 57-59)

How many months has this case received active service for? ☐ ☐ ☐

Duration (191: 60-62)

How many hours per month do you generally spend in travel with regard to this family?

Travel

less than 1 hr./mo. ☐ 1
1-3 hr./mo. ☐ 2
more than 3 to 5 hr./mo. ☐ 3
5 or more hr./mo. ☐ 4

(192: 63)

How many hours per month do you generally spend in contact with collateral resources? ☐ ☐

Collateral Time (193: 64-65)

Using the response categories provided in (C), which collateral contacts have you been in contact with regarding this case?

All Collaterals

	All	Primary		All	Primary
school	☐ (194: 66)	☐ (218: 10)	mental health/counseling	☐ (204: 76)	☐ (228: 20)
physician	☐ (195: 67)	☐ (219: 11)	Foster/group home	☐ (205: 77)	☐ (229: 21)
public health	☐ (196: 68)	☐ (220: 12)	Housing Authority	☐ (206: 78)	☐ (230: 22)
hospital	☐ (197: 69)	☐ (221: 13)	Lawyer/Legal Aid	☐ (207: 79)	☐ (231: 23)
police	☐ (198: 70)	☐ (222: 14)	Volunteer Bureau	☐ (208: 80) <CR>	☐ (232: 24)
court	☐ (199: 71)	☐ (223: 15)	Infant Stimulation	☐ (209: 1)	☐ (233: 25)
probation	☐ (200: 72)	☐ (224: 16)	Charity (Salvation Army)	☐ (210: 2)	☐ (234: 26)
welfare	☐ (201: 73)	☐ (225: 17)	Ethnic Community Organ.	☐ (211: 3)	☐ (235: 27)
church	☐ (202: 74)	☐ (226: 18)	Other CAS	☐ (212: 4)	☐ (236: 28)
day care	☐ (203: 75)	☐ (227: 19)	Big Brother/Big Sister	☐ (213: 5)	☐ (237: 29)
			Other:		
			____________	☐ (214: 6)	☐ (238: 30)
			____________	☐ (215: 7)	☐ (239: 31)
			____________	☐ (216: 8)	☐ (240: 32)
			____________	☐ (217: 9)	☐ (241: 33)

Which collateral contacts have you been in most frequent contact with? (Check above, under "primary")

Primary Collaterals

☐ ☐ ☐

FAMILY SUPPORT STUDY INTERVENTION

What have been the main reasons for the primary collateral contacts?

Collateral Objectives

____

____

____

____

____

Describe the usual nature of your contact with primary collaterals (e.g., telephone, case conferences, etc.)

____

____

____

____

____

☐ ☐ ☐ ☐

FAMILY SUPPORT STUDY INTERVENTION

Considering any other workers in the agency who may be directly involved with this family, how many hours would they, cumulatively, have spent with the family during the past three months?

Agency Time

☐ ☐ ☐

(242:34-36)

Using the response categories provided (D), how friendly would you characterize your relationship with the family?

Relationship

not at all ☐ 1

neutral ☐ 2

somewhat ☐ 3

very ☐ 4

(243:37)

What have been your primary treatment goals for this case? **Treatment Goals**

Treatment Goals (Check below, under "goal")

1) Improve parenting capacity
2) Improve emotional climate
3) Improve household management skills
4) Improve/resolve marital situation
5) Improve connection with resources
6) Return/maintain child in home
7) Monitor risk
8) Improve child development
9) Improve parent self-esteem
10) Improve school adjustment
11) Establish child independence
12-14) Other

Can you elaborate on each goal? (Probe for specifics on each goal and record below) **Goal Indicators**

Using the response categories provided (F), to what extent has there been measurable change for these goals? (Ask for each goal and record below under "change") **Treatment Success**

(1) Family requires more assistance with this issue than initially.

(2) Family requires about the same amount of assistance with this issue as at the outset.

(3) Family has made modest gains respecting this issue and requires somewhat less assistance with the issue

(4) Family has made considerable gains respecting this issue and requires much less assistance with the issue.

(5) This issue is resolved; the family requires no further assistance with the issue.

Record Treatment Goals

Goal Change

1. Improve Parenting Capacity (244:33) ___ ___ (278:32)

specify goals ______________________________

change indicators ______________________________

Goal Change

2. Improve emotional climate in home (245:34) ___ ___ (279:33)

specify goals ______________________________

change indicators ______________________________

Goal Change

3. Improve Household Management Skills (246:35) ___ ___ (280:34)

specify goals ______________________________

change indicators ______________________________

Record Treatment Goals

Goal Change

4. Improve/resolve Marital Situation (247:41) ☐ ☐ (261:55)

specify goals ____________________

____

____

____

change indicators ____________________

____

____

____

Goal Change

5. Improve Family Connection with Resources (248:42) ☐ ☐ (262:56)

specify goals ____________________

____

____

____

change indicators ____________________

____

____

____

Goal Change

6. Return/Maintain Child in Home (249:43) ☐ ☐ (263:57)

specify goals ____________________

____

____

____

change indicators ____________________

____

____

____

Record Treatment Goals

Goal Change

7. Monitor Risk to Child(ren) (250:44) ☐ ☐ (264:58)

specify goals ____________________

____

____

____

change indicators ____________________

____

____

____

Goal Change

8. Improve Child Development (251:45) ☐ ☐ (265:59)

specify goals ____________________

____

____

____

change indicators ____________________

____

____

____

Goal Change

9. Improve Parent(s) Self-Esteem (252:46) ☐ ☐ (266:60)

specify goals ____________________

____

____

____

change indicators ____________________

____

____

____

Record Treatment Goals

Goal Change

10. Improve School Adjustment (253:47) ☐ ☐ (267:61)

specify goals ____________________

change indicators ____________________

Goal Change

11. Establish Child in Independent Living (254:48) ☐ ☐ (268:62)

specify goals ____________________

change indicators ____________________

Goal Change

12. Other (255:49) ☐ ☐ (269:63)

specify goals ____________________

change indicators ____________________

Record Treatment Goals

Goal Change

13. Other ____________________ (256:50) ☐ ☐ (270:64)

specify goals ____________________

change indicators ____________________

Goal Change

14. Other ____________________ (257:51) ☐ ☐ (271:65)

specify goals ____________________

change indicators ____________________

Using the response categories provided (E), which of the following is true of the procedures you have used or anticipate using, in this case?

0 N/A 1 NO 2 NOT YET 3 DONE

Treatment Contract

a) There is a written treatment contract between you and the family respecting the primary treatment goals just discussed ☐ (272:66)

b) The goals of treatment have been explicitly discussed with the family ☐ (273:67)

c) The parent(s)/family and the worker have agreed to these treatment goals ☐ (274:68)

The discussion/agreement about goals involved all parents in family (if appropriate) ☐ (275:69)

The discussion/agreement about goals involved a child or children along with parent(s) (if school age) ☐ (276:70)

Times have been set at which progress toward agreed-upon goals is to be evaluated (if C=3) ☐ (277:71)

d) Any risk of child(ren) being apprehended if these treatment goals are not sufficiently attained have been explicitly discussed with parents (if applicable ☐ (278:72)

To the extent you feel there has been positive change in the family to what do you attribute that change?

Reason for Success

Worker Intervention

positive relationship ☐ (279:73)

linking with other resources ☐ (280:74)

monitoring situation/use of authority ☐ (281:75)

other ______________________ ☐ (282:76)

______________________ ☐ (283:77)

______________________ ☐ (284:78)

Other Agency Intervention

agency program involvement ☐ (285:79)

temporary relief to parent ☐ (286:80)

CC8

other ______________________ ☐ (287:1)

______________________ ☐ (288:2)

______________________ ☐ (289:3)

Other Environmental

threat of/appearance in court ☐ (290:4)

improved accommodation ☐ (291:5)

improved economic situation ☐ (292:6)

increased involvement in community ☐ (293:7)

support from family/partner ☐ (294:8)

other ______________________ ☐ (295:9)

______________________ ☐ (296:10)

______________________ ☐ (297:11)

Client Characteristics

intelligent/motivated parent(s) ☐ (298:12)

increased maturity (child) ☐ (299:13)

increased maturity (parent) ☐ (300:14)

other ______________________ ☐ (301:15)

______________________ ☐ (302:16)

______________________ ☐ (303:17)

Now, I'm going to ask you about 5 types of support that the families required. For each type I want you to tell me if it was provided, who was it available from and specifically what was provided.

During the time you were actively intervening with this family:

Concrete Support

A. a) Were concrete, practical supports such as emergency funds, transportation, help with household tasks, provided to this family? No ☐ 1 Yes ☐ 2 (304:18)

b) If not, why not? ____________________

____

____

c) Using the response categories provided (G), what were the sources of concrete supports for this family?

Family's child protection worker ☐ (305:19)
specify supports ____________________

____

____

____

Foster family or group home parent ☐ (306:20)
specify supports ____________________

____

____

____

Practical Service Workers ☐ (307:21)
specify supports ____________________

____

____

____

Other professional counsellors ☐ (308:22)
specify supports ____________________

____

____

____

Volunteers ☐ (309:23)
specify supports ____________________

____

____

____

Family, friends, neighbours, etc. ☐ (310:24)
specify supports ____________________

____

____

____

d) What did you do to help the family access concrete supports from any of the above sources?

____

____

____

____

e) Did the family need any other concrete supports that were not provided?
yes ☐ 1 no ☐ 2 (311:25)
specify (if yes) ____________________

____

____

____

8. a) Were educational coping skills such as information, advice or training provided to the family? No ___ 1 Yes ___ 2 **Coping Support** (312 : 26)

b) If not, why not? ____________________

c) Using the response categories provided (G), what were the sources of educational (coping skills) support for this family?

Family's child protection worker ___ (313 : 27)
specify supports ____________________

Foster family or group home parent ___ (314 : 28)
specify supports ____________________

Practical Service Workers ___ (315 : 29)
specify supports ____________________

Other professional counsellors ___ (316 : 30)
specify supports ____________________

Volunteers ___ (317 : 31)
specify supports ____________________

Family, friends, neighbours, etc. ___ (318 : 32)
specify supports ____________________

d) What did you do to help the family access educational supports from any of the above sources?
____

e) Did the family need any other educational supports that were not provided? (319 : 33)
yes ___ 1 no ___ 2

specify (if yes) ____________________

Integration
Support

a) Were social integration supports provided to the family such as increased relations of the family with relatives, neighbours, peers or friends or increasing the family's opportunities for social participation?

No ___ 1
Yes ___ 2

(320:34)

b) If not, why not? ______

______

______

______

c) Using the response categories provided (G), what were the sources of social integration support for this family?

Family's child protection worker ___ (321 35)
specify supports ______

______

______

______

Foster family or group home parent ___ (322 36)
specify supports ______

______

______

______

Practical Service Workers ___ (323:37)
specify supports ______

______

______

______

Other professional counsellors ___ (324 38)
specify supports ______

______

______

______

Volunteers ☐ (325:39)
specify supports ______

______

______

______

Family, friends, neighbours, etc. ___ (326 40)
specify supports ______

______

______

______

d) What did you do to help the family access social integration supports from any of the above source?

______

______

______

______

e) Did the family need any other social integration supports that were not provided?

yes ___ 1 no ___ 2 (327:41)

specify (if yes) ______

______

______

______

D. a) Were emotional supports such as listening, reassuring and encouraging or increasing opportunities for caring relationships provided to the family?

No ☐ 1

Yes ☐ 2

Emotional Support (328.42)

b) If not, why not? ____________

____

____

____

c) Using the response categories provided (G), what were the sources of emotional support for this family?

Family's child protection worker ☐ (329-43)
specify supports ____________

____

____

____

Foster family or group home parent ☐ (330-44)
specify supports ____________

____

____

____

Practical Service Workers ☐ (331-45)
specify supports ____________

____

____

____

Other professional counsellors ☐ (332-46)
specify supports ____________

____

____

____

Volunteers ☐ (333-47)
specify supports ____________

____

____

____

Family, friends, neighbours, etc. ☐ (334-48)
specify supports ____________

____

____

____

d) What did you do to help the family access emotional supports from any of the above sources?

____

____

____

____

e) Did the family need any other emotional supports that were not provided?

yes ☐ 1 no ☐ 2 (335-49)

specify (if yes) ____________

____

____

____

Advocacy Support (336: 50)

E. a) Were client advocacy supports such as service coordination or service creation provided to the family? (opportunities to participate in cooperative action group, supports to obtain needed services, efforts to establish group-agency service coordination on behalf of the client)

No ☐ 1
Yes ☐ 2

b) If not, why not? ______

c) Using the response categories provided (G), what were the sources of advocacy support for this family?

Family's child protection worker ☐ (337: 51)
specify supports ______

Foster family or group home parent ☐ (338: 52)
specify supports ______

Practical Service Workers ☐ (339: 53)
specify supports ______

Other professional counsellors ☐ (340: 54)
specify supports ______

Volunteers ☐ (341: 55)
specify supports ______

Family, friends, neighbours, etc. ☐ (342: 56)
specify supports ______

d) What did you do to help the family access advocacy supports from any of the above sources?

e) Did the family need any other advocacy supports that were not provided? (343: 57)

yes ☐ 1 no ☐ 2

specify (if yes) ______

FAMILY SUPPORT STUDY — INTERVENTION

If any, what were the obstacles preventing the family from accessing required supports?

Obstacles to Support

Distance, time, isolation ___ (344:58) Money, transportation ___ (347:61)

Family skills deficient ___ (345:59) Resistance/motivation ___ (348:62)

Lack of adequate resources (quantity/duration) ___ (346:60)

______________________ ___ (349:63)

______________________ ___ (350:64)

______________________ ___ (351:65)

______________________ ___ (352:66)

______________________ ___ (353:67)

Which agency or community programs/services has the family been involved in since the case was last opened?

	x/wk.	hrs/	wks.	Program Support
Programs for Mother				
______________________	___	___	___	#Programs ___ ___ (354:68-69)
______________________	___	___	___	Total x/wk ___ ___ (355:70-71)
______________________	___	___	___	Total hrs ___ ___ (356:72-73)
______________________	___	___	___	Total wks ___ ___ (357:74-76)
______________________	___	___	___	Prog.with ___ (400:77)
______________________	___	___	___	
______________________	___	___	___	
Programs for Father				
______________________	___	___	___	#Programs ___ ___ (358:78-79)
______________________	___	___	___	Total x/wk ___ ___ (359:80-01)
______________________	___	___	___	Total hrs ___ ___ (360:02-03)
				Total wks ___ ___ (361:4-6)
				Prog.with ___ (401:7)

FAMILY SUPPORT STUDY — INTERVENTION

	x/wk.	hrs/	wks.	
Programs for Both Parents				
______________________	___	___	___	# Programs ___ ___ (362:8-9)
______________________	___	___	___	Total x/wk ___ ___ (363:10-11)
______________________	___	___	___	Total hrs/ ___ ___ (364:12-13)
				Total wks ___ ___ (365:14-16)
				Prog.with ___ (402:17)
Programs for Child(ren)				
______________________	___	___	___	# Programs ___ ___ (366:18-19)
______________________	___	___	___	Total x/wk ___ ___ (367:20-21)
______________________	___	___	___	Total hrs/ ___ ___ (368:22-23)
______________________	___	___	___	Total wks ___ ___ (369:24-26)
______________________	___	___	___	Prog.with ___ (403:27)
______________________	___	___	___	
Programs for parent/child jointly				
______________________	___	___	___	# Programs ___ ___ (370:28-29)
______________________	___	___	___	Total x/wk ___ ___ (371:30-31)
______________________	___	___	___	Total hrs/ ___ ___ (372:32-33)
______________________	___	___	___	Total wks ___ ___ (373:34-36)
______________________	___	___	___	Prog.with ___ (404:37)
______________________	___	___	___	
Programs providing substitute parenting				
______________________	___	___	___	# Programs ___ ___ (374:38-39)
______________________	___	___	___	Total x/wk ___ ___ (375:40-41)
______________________	___	___	___	Total hrs/ ___ ___ (376:42-43)
______________________	___	___	___	Total wks ___ ___ (377:44-46)
______________________	___	___	___	Prog.with ___ (405:47)
______________________	___	___	___	

FAMILY SUPPORT STUDY INTERVENTION

	x/wk.	hrs/	wks.
Other			
______ ______	___	___	___
______ ______	___	___	___
______ ______	___	___	___
______ ______	___	___	___
______ ______	___	___	___
______ ______	___	___	___

Programs ___ ___ (378:48-49)
Total x/wk ___ ___ (379·50·51)
Total hrs/ ___ ___ (380:52·53)
Total wks ___ ___ ___ (381·54·56)
Prog.with ________ (406·57)

How many times per week
How many hours per week
How many weeks in duration

And lastly, what do you expect will be the final disposition of this case?

Final Disposition

(382·58)

D.K. ___ 1
Society Care ___ 2
No Society Care but long term open ___ 3
No Society Care and case temporarily closed ___ 4
No Society Care and case permanently closed ___ 5
________________________ ___ 6

FAMILY SUPPORT STUDY

- END INTERVIEW -

Interviewer's Rating

How knowledgeable was worker of case?

Unsure of major facts, needed to refer to file ___ 1
Unsure only of details ☐ 2
Familiar with all facts of case without reference to file ___ 3

(383 59)

Rate the workers expressed attitudes toward the family:

Evaluative comments re: family were mainly negative ☐ 1
Comments about family expressed indifference ☐ 2
Comments about family were mainly positive ☐ 3

(384 60)

Rate the apparent effort worker is investing in mobilizing resources for the family:

Expressed minimal interest in supporting family ☐ 1
Described attempts to mobilize easily available resources for family ___ 2
Described efforts to exhaust all resources for family ___ 3

(385 61)

APPENDIX II(a)

Response Categories

- RESPONSE CATEGORIES -

(A) Supervision

Never Occasionally Usually Always .

(B) Presenting Problem

- Sexual abuse
- Physical abuse
- Neglect
- Abandonment
- Emotional Rejection
- Failure to provide medical care
- Anti-social or delinquent behavior (parent)
- Anti-social or delinquent behavior (child)
- Extreme Domestic Discord (including violence)
- Other (specify) ________________
____

(C) Collateral Organizations

- School
- Physician
- Public Health
- Hospital
- Police
- Court
- Probation
- Welfare
- Church
- Day Care
- Addiction Services (e.g., ARF)
- Mental Health/Counselling
- Foster Home/Group Home
- Housing Authority
- Lawyer/Legal Aid
- Volunteer Bureau
- Infant Stimulation
- Charity (e.g., Salvation Army
- Ethnic Community Organization
- Other CAS
- Big Brother/Big Sister

(D) Worker-Client Relationship

Not at all friendly Neutral Somewhat friendly Very friendly

(E) Case Procedures

No and not Intended Intended but Not Yet Done Done

- RESPONSE CATEGORIES -

(F) Change in Treatment Objectives

1) Family requires more assistance with this issue than initially.

2) Family requires about the same amount of assistance with this issue as at the outset.

3) Family has made modest gains respecting this issue and requires somewhat less assistance with the issue

4) Family has made considerable gains respecting this issue and requires much less assistance with the issue.

5) This issue is resolved; the family requires no further assistance with the issue.

(G) Sources of Support for Family

Family's child protection worker

Foster Family, Group Home Parent

Practical service workers like child care workers, homemakers, parent aides and budget counsellors

Any other counselling professionals

Volunteers

Peers or associates with similar problems

Family, friends, neighbours and other non-paid community helpers

APPENDIX III

Follow-up Questionnaire

FAMILY SUPPORT STUDY
FOLLOW-UP QUESTIONNAIRE

....

____
____

CASE IDENTIFICATION: Parent(s) First Name(s) __________ __________

Agency File # __________

Please answer the following questions with respect to the case identified above:

(1) Is this case presently open to your agency? (CHECK ONE: ☑ .)

Yes . . . . ☐
No, closed . . . . ☐
Transferred to another agency . . . . ☐

If the case was closed or transferred to another agency on or before this date ____________________ please go directly to question #11, no. 6.

If the case has been open to your agency for any period of time since the date noted, please continue with Question #2.

(2) At the present time or at the time the case was closed/ transferred, were any of the following possible problems severe enough to cause concern about the family's ability to care adequately for children? (CHECK AS MANY AS APPLY ☑ .)

Risk of sexual abuse . . . . ☐
Risk of physical abuse . . . . ☐
Risk of neglect or abandonment . . . . . . ☐
Failure to provide medical care . . . . . . ☐
Other problems in child care . . . . ☐

(2) Continued.....

Parental rejection of child
(include requests to apprehend) . . . . ☐
Other parent/child relationship problems . . . . . ☐
Parental Dysfunction:
antisocial behavior . . . . ☐
alcohol/substance abuse . . . . ☐
mental illness/deficiency . . . . ☐
physical illness . . . . ☐
marital discord . . . . ☐
Child Dysfunction:
delinquency . . . . ☐
alcohol/substance abuse . . . . ☐
behavioral/emotional problems . . . . ☐
special educational or developmental needs. . ☐
school problems (attendance, behavior, performance . . . . ☐
special medical needs . . . . ☐
Social Isolation: poor access to services . . . . . ☐
Unclean/unsafe accommodation . . . . ☐
Lack of basic material resources (concrete needs). . ☐

(3) Since ____________________, have any children in this family been placed in a home other than the family's (include apprehensions, placement with relatives, residential treatment, etc.)? (CHECK ONE ☑.)

None . . . . ☐
Some but not all . . . . ☐
All . . . . ☐

(4) At present or when the case was closed/transferred, are/were the family's children living in the family home? (CHECK ONE ☑.)

No (none) . . . . ☐
Some but not all . . . . ☐
All . . . . ☐

(5) At present or when the case was closed/transferred, check any item that accurately describes their economic circumstances. (CHECK AS MANY AS APPLY ☑.)

Inadequate money for food/clothing/utilities. . . . . . ☐
Unable to regularly meet financial obligations (rent) . . ☐
Inadequate housing facilities (no running water, no privacy). . . . . . . ☐
Housing poses dangers to health and safety . . . . ☐
The family is on welfare/family benefits . . . . ☐

(6) At present or when the case was last closed/transferred, check any item that accurately describes the neighborhood where they live. (CHECK AS MANY AS APPLY ☑.)

Low income neighborhood . . . . ☐
A large number of dwellings are rented . . . . ☐
There is a large number of boarding houses . . . . . . ☐
Families move often in and out of the neighborhood . . . ☐
Physical isolation (distance) from other families . . . ☐
Difficulty accessing services (schools, medical care, shopping, transportation . . . . ☐
Inadequate access to temporary relief from child care responsibilities . . . . ☐
Inadequate access to play/recreation space . . . . ☐
Few other children/youths to play/associate with . . . . ☐
Lack of activities for children/youth . . . . ☐
Opportunity for exposure to/participation in illegal/antisocial behavior . . . . ☐

(7) At present or when the case was last closed/transferred, check any item that accurately describes the approach to parenting of any one or both parents. (CHECK AS MANY AS APPLY ☑.)

Parent(s) have requested child be removed from home. . ☐
Parent(s) express little evidence of pleasure in child. . . . . ☐
Few occasions for positive parent-child interaction . ☐
Overreliance on negative reinforcement in parents' disciplining of child . . . . ☐
Overreliance on extremely harsh punishment as discipline . . . . ☐
Poor homemaking skills (child not supervised, fed, clothed, attended to medically) . . . . ☐
Parent(s) unable to provide necessary/realistic limits on child . . . . ☐
Parent(s) have unrealistic expectations of child given child's age . . . . ☐
Inability to relate to child as a person with own needs, feelings, point of view . . . . ☐
Parent(s) expect they can do with child what they wish, as a right . . . . ☐

(8) At present or when the case was last closed/transferred, chec any item that accurately describes the family's problem-solvi resources and ability to use help. (CHECK AS MANY AS APPLY ☑

Family recognizes/admits to a problem . . . . ☐
Family has shown ability/desire to accept help in dealing with a problem . . . . ☐
Family has shown ability/desire to work towards constructive change in behavior. . . . . ☐
Evidence of effective role performance in any family member (academic, homemaking or employment). . . ☐
Stable membership in household . . . . ☐

(9) At present or when the case was most recently closed, check any item that accurately describes personal problems of any one or both parents. (CHECK AS MANY AS APPLY ☑.)

Chronic marital discord . . . . ☐
Violent behavior . . . . ☐
Substance/alcohol abuse . . . . ☐
Criminal behavior . . . . ☐
Emotional disorder. . . . . ☐
Mental deficiency. . . . . ☐
Physical disability . . . . ☐
Physical illness . . . . ☐
Inability to cope with normal everyday tasks . . . . ☐

(10) At present or when the case was most recently closed, check any item that accurately describes personal problems of any child(ren) living in the home. (CHECK AS MANY AS APPLY ☑.)

Chronic discord with parents . . . . ☐
Chronic discord with children . . . . ☐
Violent behavior . . . . ☐
Substance/alcohol abuse . . . . ☐
Criminal/delinquent behavior . . . . ☐
Truancy . . . . ☐
Other school problems . . . . ☐
Emotional disorder . . . . ☐
Mental deficiency . . . . ☐
Physical disability . . . . ☐
Physical illness . . . . ☐
Developmental delay . . . . ☐

(11) What do you think the status of this case will most likely be six months from now? (CHECK ONE ☑.)

Don't know . . . . ☐
Child(ren) in care, case remain open . . . . . . ☐
Child(ren) in home, case remain open . . . . . . ☐
Child(ren) in home, case temporarily closed . . . . ☐
Child(ren) in home, case permanently closed . . . . ☐
Child(ren) will turn 16, case closed . . . . . . ☐
Other . . . . ☐

--- Many thanks ---

APPENDIX IV

Coding Categories

Coding Categories

A) Presenting Problems

RATINGS:

0=	---	---	---
1=	x	---	---
2=	x	x	---
3=	x	---	x
4=	x	x	x
4=	---	---	x
4-	---	x	x

ITEMS

(1) sexual abuse

(2) physical abuse

(3) neglect

(4) abandonment

(5) other insufficiencies in child care

(6-7) parent/child relationship problems: emotional rejection, other

(8) failure to provide medical care

(9) request to place child

(10-16) psychosocial dysfunction (parent)

(11) antisocial/delinquent

(12) substance/alcohol abuse

(13) mental illness or deficiency

(14) unspecified inability to cope

(15) physical illness

(16) other

(17-22) psychosocial dysfunction (child)

- (17) antisocial/delinquent
- (18) substance/alcohol abuse
- (19) behavioral/emotional probs.
- (20) special needs (develop. of educ)
- (21) special medical needs
- (22) other

(23) marital discord

(24) concrete instrumental needs

(25) other

B) Precipitating Incident

SOURCE OF REFERRAL

(1) Parents

(2) Child

(3) Neighbour, other community member

(4) Medical community

(5) Police

(6) Probation

(7) School

(8) Other

TYPE OF CONCERN

(1) Family's physical circumstances

(2) Alleged actual abuse

(3) Alleged actual neglect

(4) Concern: potential for maltreatment

(5) Child's behavior

(6) Family discord

(7) Inordinate levels of stress (circumstantial)

(8) Needs help accessing services

(9) Other

SERVICE REQUESTED

(1) Assess/investigate situation

(2) Supervise/monitor situation

(3) Place child in alternate care situation

(4) Return child

(5) Provide support, counselling

(6) Referral

(9) Other

C) Coding for collaterals recorded in "other" category

OTHER

(1) Focal Family Support Prog.

(2) Other CAS program

(3) Assessment Services

(4) Voc Rehab, job & training, continuing education

(5) Addiction services

(6) Child care worker

(7) Other

D) GOAL CATEGORIES

(I) Parenting Capacity

SUBGOALS

(1) Any change in physical care provided in home

(2) Any change in discipline, behavioral control

(3) Any change in emotional responses, attitude toward child, awareness of child, response to developmental needs, communication with child etc.

(4) Other

(II) Emotional Climate

(1) Decrease negative interaction: emotional rejection, conflict etc.

(2) Increase positive interaction: more time together, more pleasure in relationship, more warmth etc.

(3) Ameliorate unspecified effect of stress on family: external circumstances, past traumatic events, etc.

NOTE: CODE UNDER 7 or 8 WHERE POSSIBLE

(4) Other

(III) HOUSEHOLD MANAGEMENT

SUBGOALS

(1) Any improvement in homemaking tasks; laundry, cleaning, meal preparation

(2) Any improvement in resource management: budgeting

(3) Other

(IV) IMPROVE MARITAL SITUATION

NOTE: THESE ARE SPOUSE-SPECIFIC. IF ITEM REFERS TO CHILDREN RECODE UNDER "B".

SUBGOALS

(1) Decrease negative interaction: conflict, violence, etc., but not by encouraging separation

(2) Any improvement in attitudes, expectations, positive interactions, increased involvement, reconciliation, sexual adjustment etc.

(3) Facilitate disengagement: encourage spouse to leave, settle legalities re separation, divorce, custody etc.

(4) Ameliorate unspecified effects of stress on couple: past trauma, external circumstances, affairs, sickness or pathology in one partner etc.

(5) Other

V) IMPROVE LINKAGE TO RESOURCES

SUBGOALS

(1) Any improvement in knowledge of or access to material resources: accomodation, money, furnishings, clothing

(2) Improved use, or ability or motivation to use formal community resources: education, medical, mental health services etc.

(3) Improvement in parent's use, or ability or motivation to use any other formal or informal community resource for improving peer supports. Improve extent or quality of peer relationships, extended family relationships, sexual involvements etc.

(4) Improvement in child's use, or ability or motivation to use any other formal or informal community resource for improving peer supports. Improve extent or quality of peer relationships, extended family relationships, relationships with adults outside family, develop prosocial networks of friends etc.

(5) Find or arrange alternate care for child: foster home or group home, relatives etc. NOTE: THIS EXCLUDES RESIDENTIAL MENTAL HEALTH FACILITIES, TREATMENT GROUP HOMES ETC. WHICH ARE CODED UNDER 26

(6) Help parent set established in independent living situation.

(7) Help older child set established in independent living situation

(8) Other

(VI) RETURN/MAINTAIN CHILD IN OWN HOME

SUBGOALS

(1) Family makes appropriate plans, arrangements for child pending return or birth of child.

(2) Attempt to renew, maintain, strengthen parent/child bond pending return of child.

(3) Facilitate child or family decision about maintaining or reuniting family.

(4) Arrange or stabilize return from care situation.

(5) Other

(VII) MONITOR RISK TO CHILD

NOTE: DO NOT USE CHANGE SCORE FOR THIS CATEGORY. COUNT ASSESSMENT/MONITORING GOALS AND INCLUDE IN FREQUENCY UNDER SECTION L.

(1) Other

(VIII) IMPROVE CHILD DEVELOPMENT

(1) Any improvements in behavior or attitudes: decrease of adults, less anti-social behavior, less agression or violence, more prosocial behaviors, appropriate sex-role behaviors, improved ability to recognize problems, better social skills, hygiene etc.

(2) Provision for developmental and emotional needs: resolve effects of past trauma, provide nurturing or caring relationship, encourage to be more open and communicative, provide stimulation, increase confidence and self-esteem.

(3) Other

(IX) **IMPROVE PARENTS SELF-ESTEEM**

(1) Decrease alcohol/substance abuse

(2) Ameliorate other psychological/psychiatric problems: mental illness, depression etc.

(3) Gains in self-esteem: more confident, more self-assertive, resolve effects of past trauma, takes better care of self re. emotional needs, better physical care of self.

(4) Decrease in specified negative behaviors: less antisocial behavior, less dependency, etc.

(5) Increased awareness of problems or solutions.

(6) Other

(X) **IMPROVED (SCHOOL) ADJUSTMENT**

(1) Improve attendance

(2) Improve behavior within the school setting.

(3) Improve academic performance.

(4) Other

(XI) **ESTABLISH CHILD IN INDEPENDENT LIVING**

(1) Learn life skills required for independent living.

(2) Counsel to facilitate move of older child from family.

(3) Other

(XII) **ASSESSMENT AND MONITORING GOALS**

ADD GOALS ---+---+---+---+=

(E) **REASONS FOR PROGRESS TOWARDS GOALS**

(I) **WORKER INTERVENTIONS**

(1) Positive relationship/reliability/friendship etc.

(2) High level of contact, time, service etc.

(3) Linking with other resources/advocacy/co-ordination etc.

(4) Monitoring/supervision/use of authority role.

(5) Choosing an appropriate intervention technique eg. structural family therapy, behaviour modification, provided concrete support, advocated etc.

(6) Other

(II) **OTHER INTERVENTIONS**

(1) Involvement in Focal Family Support Program.

(2) Practical Service Workers (child care, home-makers etc.)

(3) Involvement of other Professionals (counsellors, psychiatrists, health professionals etc.)

(4) Volunteer/Big brother/sister.

(5) Short-term Parent-relief/accomodation.

(6) Foster care/Placement.

(7) Threat of losing children, criminal charges, detention, police etc.

(8) Involvement in community, recreation, social, educational activity.

(9) Other Formal Support Program (eg. latency age program, camp, nursery, peer group.

(10) Interagency Co-operation/good service package.

(11) Other

III) **CLIENT CHARACTERISTICS, CHANGED CIRCUMSTANCES**

(1) Psychosocial characteristics of client/family
(eg intelligence, maturity, growth, motivation etc)

(2) Mutual support in home

(3) Support from extended family

(4) Support from peers, friends etc

(5) Economic improvement

(6) Improved accommodation

(7) New neighbourhood

(8) New spouse, returned spouse, boy-girl friend

(9) Child (ren) left home

(10) Spouse, boy-girl friend left home

(11) Child changes home - 1 parent to another

(12) Stopped drinking, other addiction

(13) Better physical, mental health

(14) Other

F) **CODING FOR CONCRETE SUPPORTS**

(1) Support not provided

(2) Not available

(4) Not accepted

(6) Not yet

(1) No reason given

(3) Not needed

(5) Not considered

(7) Other

(II) **PROVIDED BY FOSTER HOME** ·

(0) No

(1) Yes

(III) **PROVIDED BY FOSTER HOME**

(0) No

(1) Yes

(IV) **PROVIDED BY FOCAL PROGRAM WORKER**

(1) Homemaker/parent aide

(2) Child management/child care worker

(3) Family skills worker

(4) Adolescent after school worker

(5) Self-help animator

(v) **PROVIDED BY PRACTICAL SERVICE (WORKER)**

(1) Undefined

(2) Homemaker

(3) Daycare, nursery, etc

(4) Emergency/short-term shelter

(5) Welfare, family benefits, UIC etc (not
regular welfare etc benefits

(6) Other family support program worker

(7) Other

(VI) **PROVIDED BY OTHER PROFESSIONALS**

(1) Public Health

(2) Medical doctor/medical hospital staff

(3) Childcare/behaviour management

(4) Psychiatric/pyschiatric hospital/psychiatric treatment

(5) Social worker/counsellor/therapist

(6) Probation/after-care

(7) Teacher/principal, job retraining/upgrading

(8) Clergy

(9) Other

(III) PROVIDED BY CHILD PROTECTION WORKER

(1) Yes but undefined
(2) Obtain resources through CAS/provided herself
(3) Referred
(4) Personally advocated
(5) Other

(IV) PROVIDED BY FOCAL PROGRAM WORKER

(1) Homemaker/parent adie
(2) Child management/child care worker
(3) Famil skills worker
(4) Adolescent after school worker
(5) Self-help animator

(V) PROVIDED BY PRACTICAL SERVICE WORKER

(1) Undefined
(2) Homemaker
(3) Daycare, nursery, etc
(4) Emergency/short-term shelter
(5) Welfare, family benefits, UIC etc (not regular welfare etc benefits
(6) Other family support program worker
(7) Other

(VI) PROVIDED BY OTHER PROFESSIONALS

(1) Public health
(2) Medical doctor/medical hospital staff
(3) Child care/behaviour management
(4) Psychiatrist/psychiatric hospital/psychiatric treatment
(5) Social worker/counsellor/therapist
(6) Probation/after-care

(7) Teacher/principal, job retraining/upgrading
(8) Clergy
(9) Other

(VII) PROVIDED BY VOLUNTEERS

(1) Charity/charity worker
(2) Volunteer undefined
(3) General volunteer-visit or tutor, driver, program assistant
(4) Big brother/sister
(5) Other

(VIII) PROVIDED BY FAMILY, FRIENDS, PEERS ETC.

(1) Yes but undefined
(2) Nuclear family: spouse, children, common-law, boy-girlfriend
(2) Extended family: parents' parents, siblings etc
(3) Friends
(4) Neighbours, natural helpers
(5) Peers in a program, peer group in agency, in focal program
(6) Peers in recreation, social activities, church, employment, school, doing volunteer work
(7) Peers in daycare/nursery
(8) Other peers
(9) Others

(VII) PROVIDED BY VOLUNTEERS

(1) Charity/charity worker

(2) Volunteer undefined

(3) General volunteer-visitor, tutor, driver, program assistant

(4) Big brother/sister

(5) Other

(VIII) PROVIDED BY FAMILY, FRIENDS, PEERS ETC.

(1) Yes but undefined

(2) Nuclear family: spouse, children, common-law boy-girlfriend

(3) Extended family: parents' parents, siblings etc.

(4) Friends

(5) Neighbors, natural helpers

(6) Peers in a program, peer group in agency, in focal program

(7) Peers in recreation, social activities, church employment, school, doing volunteer work

(8) Peers in daycare/nursery

(9) Other peers

(10) Other

(IX) SUPPORT NEEDED BUT NOT PROVIDED

(1) Yes but undefined

(2) Money, clothes, furniture etc.

(3) Housing

(4) Parent relief

(5) Homemaker

(6) Other

G) CODING FOR EDUCATIONAL SUPPORTS

(I) Support Not Provided

(1) No reason given

(2) Not available

(3) Not needed

(4) Not accepted

(5) Not considered

(6) Not yet

(7) Other

(II) PROVIDED BY CHILD PROTECTION WORKER

(1) Yes but undefined

(2) Been fenced material from a training program

(3) Encouraged involvement

(4) Referral

(5) Co-ordinator/care management etc

(6) Providing training in parenting/child management

(7) Providing training in home management/budgeting

(8) Providing training in life skills/problem solving

(9) Providing training in communication/social skills

(10) Providing training other/undefined

(11) Other

(III) PROVIDED BY FOSTER HOME

(1) Yes but undefined

(2) Life's skills/problem solving (child)

(3) Child management/parenting/child care (parent)

(4) Proper behaviour/communication in social skills (child)

(5) Other

(IX) SUPPORT NEEDED BY NOT PROVIDED

(1) Yes but undefined

(2) Parenting/child management

(3) Homemaking/ budgeting

(4) Life skills/probleming solving

(5) Social/communication skills

(6) Job/academic training

(7) Other

H) CODING FOR SOCIAL INTERGRATION SUPPORT

(I) Support not provided

(1) No but undefined

(2) Not available

(3) Not needed

(4) Not accepted

(5) Not considered

(6) Not yet

(7) Other

(II) PROVIDED BY CHILD PROTECTION WORKER

(1) Yes but undefined

(2) Referred to PEER support group

(3) Facilitated access to community, recreational, social activities

(4) Personal encouragement/advice

(5) Ottained big brother/sister/visitor/or volunteer

(6) Worked to improve social/communication skills

(7) Worked with extended family-less conflict,more support

(8) Worked with nuclear family-less conflict, more support

(9) Worked with friends, neighbors etc. less conflict, more support

(10) Worked with family to change network of friends, peers etc.

(11) Referral to foster/group home/new living arrangement

(12) Co-ordination, care management, etc.

(13) Other

(III) PROVIDED BY FOSTER FAMILY

(1) Yes but undefined

(2) Provided a new/alternate family network,home

(3) Continued meaningful contact after care ended

(4) Opportunities to have new friends, social relationships

(5) Involved child in community activities

(6) Facilitated better parent-child relationships, methods of communication

(7) Support friendship to parents'

(8) Other

(IV) PROVIDED BY FOCAL PROGRAM WORKER

(1) Yes but undefined

(2) Referral to Peer support group

(3) Personal encouragement

(4) Worked with family, friends etc.

(5) Worked with family to change network of friends, peers, et

(6) Worked to develop social/communication skills

(7) Facilitated access to community, recreational, social activities

(8) Other

(V) **PROVIDED BY PRACTICAL SERVICE WORKER**

(1) Undefined

(2) Homemaker

(3) Daycare, nursery, etc

(4) Emergency/short-term shelter

(5) Welfare, family benefits, UIC etc (not regular welfare etc benefits

(6) Other family support program worker

(7) Other

(VI) **PROVIDED BY OTHER PROFESSIONALS**

(1) Public health

(2) Medical doctor/medical hospital staff

(3) Child care/behaviour management

(4) Psychiatrist/psychiatric hospital/psychiatric treatment

(5) Social worker/counsellor/therapist

(6) Probation/after-care

(7) Teacher/principal, job retraining/upgrading

(8) Clergy

(9) Lawyer

(10) Other

VIII) **PROVIDED BY VOLUNTEERS**

(1) Charity/charity worker

(2) Volunteer undefined

(3) General volunteer-visitor, tutor, drive program assistance

(4) Big brother/sister

(5) Other

(VIII) **PROVIDED BY FAMILY, FRIENDS, PEERS ETC.**

(1) Undefined

(2) Family undefined

(3) Spouse/boyfriend/girlfriend

(4) Child(ren) of nuclear family

(5) Parent's parents

(6) Parent's siblings

(7) Other extended family

(8) Friends

(9) Neighbors, natural helpers

(10) Peers in a program/agency peer support group

(11) Peers in employment, school, from doing volunteer work

(12) Peers in a regular recreational,social activity

(13) Peers in church/church group

(14) Peers in day care/preschool, nursery

(15) Other peers/undefined

(16) Other

(IX) Support Needed Not Provided

(1) Yes but undefined

(2) More friends, social participation, peers etc.

(3) Different friends, social participation, peers etc.

(4) More extend family support

(5) More mutual support in home, boy/girlfriend

(6) Day care, nursery, etc.

(7) Other

I) CODING FOR EMOTIONAL SUPPORT

Support Not Provided

(1) No reason given
(2) Not available
(3) Not needed
(4) Not accepted
(5) Not considered
(6) Not yet
(7) Other

II) PROVIDED BY CHILD PROTECTION WORKER

(1) Yes but underfined
(2) Personal encouragement, counselling, support
(3) Medication with extended family
(4) Referral to source of emotional support
(5) Other

III) PROVIDED BY FOSTER FAMILY

(0) No
(1) Yes

IV) PROVIDED BY FOCAL PROGRAM WORKER

(1) Yes but undefined
(2) To Mom
(3) To Dad
(4) To child (ren)
(5) Othér

V) PROVIDED BY PRACTICAL SERVICE (WORKER)

(1) Undefined
(2) Homemaker
(3) Daycare, nursery, etc.
(4) Emergency/short term shelter
(5) Welfare,family benefits, U.I.C. etc. (not regular welfare etc. benef
(6) Other Family Support Program Worker
(7) Other

VI) PROVIDED BY OTHER PROFESSIONALS

(1) Public health
(2) Medical doctor/medical hospital staff
(3) Child care/behaviour management
(4) Psychiatrist/psychiatric hospital/psychiatric treatment
(5) Social worker/counsellor/therapist
(6) Probation/after-care
(7) Teacher/principal, job retraining, upgrading
(8) Clergy
(9) Lawyer
(10) Other (assessments)

IX) PROVIDED BY SUPPORT NEEDED NOT PROVIDED

(1) Yes but undefined
(2) Psychiatry/counselling/therapy
(3) More friends,peer support
(4) More extended family support
(5) More support within home, boy-girlfriend
(6) Other

J) **CODING FOR ADVOCACY SUPPORT**

(1) Support Not Provided

- (1) No reason given
- (2) Not available
- (3) Not needed
- (4) Not accepted
- (5) Not considered
- (6) Not yet
- (7) Other

(11) Provided By Child Protection Worker

- (1) Yes but undefined
- (2) Lobbied, advocated personally for resources,service
- (3) Trained client
- (4) Provided information
- (5) Advocated with police, court, probation
- (6) Advocated clients case with family, friends
- (7) Case co-ordinator, management, conferences, consultation
- (8) Other

(111) PROVIDED BY FOSTER HOME

- (0) No
- (1) Yes

(1V) PROVIDED BY FOCAL PROGRAM WORKER

- (0) No
- (1) Yes

(V) PROVIDED BY PRACTICAL SERVICE (WORKER)

- (1) Undefined
- (2) Homemakers
- (3) Daycare, nursery, etc.
- (4) Emergency/short term shelter
- (5) Welfare, family benefits, U.I.C etc (not regular welfare etc benef
- (6) Other Family Support Program Worker
- (7) Other

(VI) PROVIDED BY OTHER PROFESSIONALS

- (1) Public health
- (2) Medical doctor/medical hospital staff
- (3) Child care/behaviour management
- (4) Psychiatrist/psychiatric hospital/psychiatric treatment
- (5) Social worker/counsellor/therapist
- (6) Probation/aftercare
- (7) Teacher/principal, job retraining, upgrading
- (8) Clergy
- (9) Lawyer
- (10) Other

(VII) PROVIDED BY VOLUNTEERS

- (1) Charity/charity worker
- (2) Volunteer undefined
- (3) General volunteer-visitor, tutor, driver, program assistant
- (4) Big brother/sister
- (5) Other

(VIII) PROVIDED BY FAMILY, FRIENDS, PEERS ETC.

(1) Undefined

(2) Family undefined

(3) Spouse/boyfriend/girlfriend

(4) Children of nuclear family

(5) Parent's parents

(6) Parent's siblings

(7) Other extended family

(8) Friends

(9) Neighbours, natural helpers

(10) Peers in a program/agency peer support group

(11) Peers in employment, school, from doing volunteer work

(12) Peers in a regular recreational, social activity

(13) Peers in church/churchgroup

(14) Peers in daycare/preschool/nursery

(15) Other peers/undefined

(16) Other

(IX) SUPPORT NEED NOT PROVIDED

(0) No

(1) Yes

K) PROGRAM SUPPORT CODING FORM

(I) Programs For Mother

(1) Focal Family Support Program

(2) Peer group program (formal) parenting, homemaking, mom's

(3) Church/church group/regular social/recreational activity/belongs to community association or group, volunteers her time regularly

(4) Continuing education/retraining/school/employment

(5) Self-help group: Alcoholics Anonymous, Parents Anonymous, Tough Love, Women's group etc

(6) Teaching/homemaker/homemaker/child care worker

(7) Other formal support program

(8) Therapy/counselling/psychiatry

(9) Public health/prenatal classes/M.D./other health professionals

(10) Other professionals

(11) Other

*For every program type an estimate was obtained of the number and length of sessions attended or for residential programs, of the number of weeks of residence.

(II) PROGRAMS FOR FATHER

(1) Focal family support program

(2) Church/church group/regular social/educational/activity/belongs to community association group, volunteers time regularly

(3) Formal peer group: parenting, friendly couples, homemaking etc

(4) Other formal support program

(5) Self help-group: Alcoholics Anonymous, Parents Anonymous/Abuses Group, Tough Love etc

(6) Probation/after-care

(7) Therapy/counselling/psychiatrist

(8) Continuing education/retraining/school/employment

(9) Other professionals

(10) Other

(III) PROGRAMS FOR BOTH PARENTS

(1) Focal family support program

(2) Other formal support program

(3) Marriage counselling/therapy/psychiatry/counselling

(4) Regular recreational/social activity etc.

(5) Other

(IV) PROGRAMS FOR PARENT AND CHILD TOGETHER

(1) Focal family support program

(2) Infant stimulation/development program, joint-time play etc.

(3) Church/church group/regular recreational-social activity etc.

(4) In-home worker: homemaker, child care, behaviour management

(5) Counselling/therapy/psychiatry

(6) Other formal support program

(7) Other

(V) PROGRAMS FOR CHILDREN

(1) Focal family support program

(2) Day camp, regular recreational-social activity, sports, Cubs etc/church/church group

(3) Big Brother/Sister/volunteer

(4) Peer group for teens (formal)

(5) Other peer groups (formal)

(6) Other formal support program eg. latency age program, special education etc.

(7) Continuing education/training/school/employment/volunteers his/her time

(8) Counselling/therapy/psychiatry

(9) Other

(VI) LIVE IN AND SUBSTITUTE PARENTING PROGRAMS

(1) Day care/nursery/preschool

(2) Summer camp

(3) Foster/group care-by another family member

(4) Emergency shelter/short-term accommodation

(5) Jail/detention

(6) Psychiatric hospital/live-in psychiatric treatment

(7) Live-in alcohol/addiction treatment

(8) Medical hospital

(9) Residential treatment centre

(10) Other

APPENDIX V

Agency Key Informant Interview Questions

☐ ☐

- FAMILY SUPPORT STUDY -

AGENCY KEY INFORMANT INTERVIEW

Region ______________________

CAS ______________________

Informant ______________________

Position ________________

Interviewer ______________________

Date: ☐ ☐ Day ☐ Month

This research project is a study of family support activities in the Children's Aid Societies. I'd like to ask you some questions about this agency's procedures for working with families to keep children safely in their own homes. I will begin by asking your opinion on how your agency promotes family support.

What has this agency done to prevent the admission of children into care or to reduce the amount of time children spend in care?	1. Prevent admissions/ reduce care
How successful have these efforts been? On what basis do you make these judgements?	2. Success
What do you see as the major obstacles to your agency increasing the level and effectiveness of its efforts to support families in the community?	3. Obstacles

How do you think that these obstacles might be overcome?	4. Solutions
Does the community which this agency serves or the types of clientele that come to the agency present particular obstacles to successful family support?	5. Community Obstacles
Do you perceive any ways in which these obstacles could be lessened or overcome?	6. Solution Community Obstacles
Are there and types of family support interventions or programs that you think would work well with this type of community and population?	7. Family Support Programming
Are there any ways in which your agency encourages and supports workers who endeavour to innovate and try new ways of working with families?	8. Experimentation (probe for staff development, formality, methods of supervision, work climate)

Has the agency tried to implement any programs aimed specifically at supporting families in their own homes? What programs have been attempted as alternatives to child placement?	9. Alternative Care Programs
What have been the results of these program efforts? What do you perceive as their impacts on the clientele and the agency? Are you satisfied with them?	10. Results Alternate Care Programs
[Agency Director] Have there been any program reports, evaluations, internal reporting, service or client descriptions, etc., on any of these programs? Can I see them?	11. Alternate Care Documentation
[Agency Director] Does the agency have documentation that I can have access to on: board composition agency structure client characteristics service provided intake policy/procedures admission policy/procedures emergency/crisis procedures	12. Agency Documentation

Can you describe to me what, if any, characteristics of your agency or of your staff facilitate the recruitment and involvement of outside supports, services, and helpers in supporting families-at-risk?	13. Community Linkages
Could you briefly describe your agency's intake policies and procedures? How is your intake function organized?	14. Intake (probe for: worker training, worker assignment, options, organization, linkages)
Would you briefly describe your agency's emergency/crisis policies and procedures? How are emergencies handled?	15. Emergency (probe for speed of response, staffing, options, linkages)
Could you briefly describe the agency's admission policies and procedures?	16. Admissions (probe for criteria for admissions, specificity, formality, special procedures, discretion, attitude)

Finally, I'd like to ask you some general questions about the agency's staff. How many people work for the C.A.S.? About how many of these would be involved in direct service to clients? What types of formal qualifications do your direct service and supervisory personnel possess? (bdkn) What would be the average length of time direct service personnel remain with the agency? (range) How many cases do child protection workers carry? Could you give me a reasonable salary range for your direct service personnel?	17. Staffing

APPENDIX VI

Program Screening Instrument

Program Screening Instrument (Telephone Survey)

Program:

Program Annual Budget:

Brief Program Description:

Paid Program Staff:	Title	Qualifications	#s
		TOTAL	

Program Unpaid Personnel:	Type	#s
	TOTAL	

Other CAS services used regularly for/by clients:

Supports/services outside agency used regularly for/by clients:

Average duration of contact with client: ☐ weeks ☐ months

Average contact hours by all program representatives with clients: ☐ wk ☐ mth

Average frequency of contacts by all program representatives with clients: ☐ wk ☐ mth

Average number of clients served ☐ wk ☐ mth ☐ yr

Number of open cases ☐

Describe types of services provided:

Have there been any annual program reports, activity summaries, evaluations, etc.? Can I have access to them?

Do you see any obstacles to the duplication of this program by other C.A.S.'s?

APPENDIX VII

Program Key Informant Questions

Program Key Informant Interview Questions

(1) Have there been any formal reports, descriptions, evaluations made of the program? Can I see them?

(2) Do you have a formal program budget? Can I see it? How large is your annual budget? How does it break down?

(3) How many cases are open at this time?
How many clients were served last month?
last year?

(4) Do you have any reports or statistics on clients or services provided? Can I see them?
Evaluation reports (Client evaluations, progress sheets, other).

(5) How many clients are referred per month, per year to yourprogram?
From where do these referrals come?
How many of these referrals are in fact served by your program?

(6) Would you describe to me briefly your role in this project/program?

(7) In your own words, would you explain the basic rationale for this program? Why is it necessary? Why does it exist?

(8) How did this program get started? (When, by whom, what obstacles had to be overcome, funding, agency support, staffing, etc.)

(9) How has the program changed since its beginnings? What major changes have come about? Why?

(10) How do you foresee the program evolving in the future?

(11) Does the program stress any particular orientation to therapy, service or a special philosophy of care or support?

(12) Could you describe the admission criteria for your program? How are these implemented? How much involvement does the child protection worker have?

(13) Could you describe to me in some detail the actual services and supports a typical client would receive from your program?

(14) Would you describe the typical client(s) using your program? (age, family, income level, ethnic I.D., living arrangements)

(15) What are the presenting problems the typical user brings to the program? The problems with which the clients requires help.

(16) How many cases would a typical worker carry? How many clients would a worker be in touch with during a given month?

(17) How many referrals a month do you get from the child protection workers in the CAS?

(18) Typically, how many program personnel (paid or volunteer) would the client be in touch with at any one point in time? During the period the episode was open? Is there a particular sequence or strategy to these liaisons?

(19) Are there any other services or supports outside of the program in the CAS, other agencies or in the community that are used frequently to support your clients? Which ones?

(20) Do you have established procedures or special procedures for recruting these collateral supports? How do you go about involving these helpers, supports?

(21) How many hours a week would a client be in touch with any or all program personnel on an average? How many times a week would they be likely to be in direct contact with program personnel?

(22) How many hours with collateral supporters? How many times?

(23) What types of personnel-helpers does your program use? What type of service or support is provided by each type of helper?

(24) Do the program personnel require any special qualifications? Are there special training and development requirements? What?

(25) Where do clients receive service and support from the program? (home, office, drop-in center, etc.)

(26) Does the program stress particular formats for the delivery of service, e.g. individual counselling, groups, drop-in services, friendly and recreational contacts, etc.

(27) How do you know when a client is ready to exit from your program? i.e., no longer requires or can benefit from your services?

(28) What proportion of clients drop-out before the care or contact would be terminated normally by the program? Why do clients leave?

(29) In your judgement, are the child protection workers making appropriate use of your program?

(30) Have there been any complaints about your program from child protection or other service workers?

(31) Does your program endeavour to reach out and advocate on behalf of your clients within the CAS, with other agencies or in the community? How is this done?

(32) What do you think the users of your program think of it? Why do you say this? Do you have any documentation? Can I see it?

(33) What do you consider the strongest points or the greatest strengths of your program?

(34) If you were able to do everything you thought should be done to improve the program, what would you do?

(35) Is there anything about your program that would make it difficult or impossible for interested personnel in other C.A.S. to replicate the program in their agency?

(36) What are the most important considerations, in your opinion, for someone wishing to start or run a program such as yours successfully?

(37) In your own words, could you describe to me each of the basic objectives of this program? If you were going to make your own judgement about the success of this program, upon which specific criteria would you base your judgement?

(38) To what extent do you see this program as a substitute for case intervention? To what extent do you see it as a necessary supplement to case intervention? With respect to what kinds of cases?

(39) What are the program's lines of accountability to the CAS? Methods of reporting? Control and supervision?

(40) How do top management feel about the program?

(41) What type of management support does a program such as yours require to be successful?

(42) How is your program structured? What are internal lines of accountability?

(43) What methods of supervision are used? What recording and control procedures?

(44) How is information shared and efforts coordinated within your program?

Program Director Questions

(1) Have there been any formal reports, descriptions, evaluations made of the program? Can I see them?

(2) Do you have a formal program budget? Can I see it? How large is your annual budget? How does it break down?

(3) How many cases are open at this time?
How many clients were served last month?
last year?

(4) Do you have any reports or statistics on clients or services provided? Can I see them?

(5) What are the lines of accountability to the C.A.S.? Methods of reporting? Control and Supervision?

(6) How do top management feel about the program?

(7) How have C.A.S. management been supportive of the program?.

(8) What type of management support does a program such as yours require to be succesful?

(9) How is your program structured? lines of accountability?

(10) What methods of supervision are used? Recording and control procedures?

(11) How is information shared and efforts coordinated within your program?

Costing Sheet

Total Current Program Salaries ____________

Total Current Open Cases ____________

Total Program Budget ____________

Average Duration Case Episode ____________

Cases (Clients) Served Last Year ____________

BIBLIOGRAPHY

ANDREWS, D.A. and ROBINSON, David. Sharing the Parenting: An Outcome Evaluation, a report to the Children's Aid Society of Ottawa-Carleton, April, 1983.

CANADIAN SOCIOTELIC LIMITED (G. Cameron, R. Holmberg and M. Rothery). The Nature and Effectiveness of Family Support Measures in Child Welfare, Toronto, Ontario: Ministry of Community and Social Services, August, 1983.

FROLAND, Charles et al. Helping Networks and Human Services, Beverly Hills: Sage Publications, 1981.

GARBARINO, James and CROUTER, A. "Defining the Community Context of Parent-Child Relations: The Correlates of Child Maltreatment", Child Development, 49(6): 1978.

GARBARINO, James and SHERMAN, D. "High-Risk Neighbourhoods and High-Risk Families: The Human Ecology of Child Maltreatment", Child Development, 51(2): 1980.

GOTTLIEB, Ben, (Ed.). Social Networks and Social Support, Beverly Hills: Sage Publications, 1981.

HORNICK, Joseph et al. Alternate Care, Community Child Care, Family Caring and Sharing, and Group Work Programs Study (interim report), Toronto: Children's Aid Society of Metropolitan Toronto, 1982.

HORNICK, Joseph et al. Alternate Care and Community Child Care Programs: Objectives, Service and Cost, Toronto: Children's Aid Society of Metropolitan Toronto, April, 1983.

SNIDER, Glen and SKORETZ, A. Unpublished Master's Research Project, Faculty of Social Work, Wilfrid Laurier University, Waterloo, Ontario, 1983.

WHITTAKER, James K. and GARBARINO, James, (Eds.). Social Support Networks: Informal Helping in the Human Services, New York: Aldine Publishing Company, 1983.

WHITTAKER, James K. "Social Support Networks in Child Welfare", in Whittaker & Garbarino, (Eds.), Social Support Networks: Informal Helping in the Human Services, New York: Aldine Publishing Company, 1983.

For the complete bibliography of this study refer to: Canadian Sociotelic Limited, The Nature and Effectiveness of Family Support Measures in Child Welfare, Toronto, Ontario: Ministry of Community and Social Services, August, 1983.

POOR

QUALITY

ORIGINAL